Transfer Form

Lobby Box 142, 604-5657 Spring Garden Road
Halifax, NS B3J 3R4
admin@lppans.ca

Member is transferring from LPPANS to:

❒ API ❒ OUQ ❒ OPPI ❒ MPPI ❒ SPPI ❒ APPI ❒ PIBC ❒ NLAPP ❒ NBAP ❒ PEIPP ❒ Int'l

Name: _____ ❒ Dr. ❒ Ms. ❒ Mr. ❒ _____

E-Mail: _____

New Contact Information:

Mailing Address: _____

City: _____ Prov: _____ Postal Code:_____

Telephone: _____

Membership Status:

❒ Full Member ❒ Candidate ❒ Student ❒ Other: _____

Dues paid for current year: ❒ Yes ❒ No

Other Notes:

By signing below, I consent to the transfer of my Professional file from LPPANS to the destination affiliate noted above.

Member Signature: _____ Date: _____

Office Use Only:

Form completed by: _____

E-Mail: _____

Date: _____