



MEMBERSHIP RENEWAL FORM

- I want to remain a member my dues are enclosed
- I do not want to remain a member, please remove me from your mailing list.
- I am interested in becoming a member, please send me an application form.

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR OUR MEMBER DATABASE:

NAME: _____

JOB TITLE: _____

EMPLOYER: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

TYPE OF MEMBERSHIP:

- Full (\$50.00) Associate (\$40.00) Student (\$10.00)

Make cheques payable to: **Atlantic Association of Planning Technicians.**

Mail Membership form and cheque to :

AAPT Membership
c/o Marlene Clements - Treasurer
Municipality of Kings County
P.O. Box 100, Kentville, NS B0N 3W3

Please fax a of **copy** of Membership or Membership Renewal form to:

Jami Fay - Membership Chair
Fax: 1-902-275-2598