

## APPLICATION FORM FOR PRE-CANDIDATE MEMBERSHIP

Manitoba Professional Planners Institute Suite 503 - 386 Broadway, Winnipeg, MB R3C 3R6

Tel: 1 888 626 3036

Web: www.mppi.mb.ca Email: info@mppi.mb.ca

Please print or type clearly				
Name:	t name		☐ Ms. ☐ Mr.	
Lasi name, rus	t name			
Contact Information:	Contact Information: Street Address:			
City:	Prov.:	Postal C	ode:	
Phone: (Home):		(Work):		
E-mail:				
Education Information:				
University:				
Title of Degree:				
Graduated Year:				
I certify that I have read, understand & agree to comply with the bylaws of the Institute, including the Code of Professional Conduct (available at: www.mppi.mb.ca), and I further certify that the information provided on this form and in any attached document is correct.				
SIGNATURE OF APPL	ICANT:	Date:		
<b>Fees:</b> A one time application fee of \$50.00 is required for all pre-candidate members and will be issued once application is recieved. <u>Annual membership fees are also applicable and will be issued through your online account.</u>				
Submission: Please submit the completed form to:				
Geoff Powell, Executive Director & Registrar MPPI info@mppi.mb.ca				
For more information, contact: info@mppi.mb.ca or Tel 1 888 626 3036				
OFFICE USE ONLY:				
Received:	Payment:	Chq. #		