



The American Planning Association's  
Professional Institute  
**American Institute  
of Certified Planners**

**REQUEST FOR LIFE MEMBERSHIP STATUS**

**I verify that:**

- I have been an active and continuous APA member for at least 25 years.
- I am at least 65 years of age.

**REQUEST FOR AICP CERTIFICATION MAINTENANCE EXEMPTION**

**Option 1:** For individuals who qualify for Life Membership status only:

- I request the option to satisfy CM requirements with a minimum of 16 CM credits, including 1.5 credits each of law and ethics, per reporting period.

**Option 2:** For individuals with Life Membership status, who also qualify for Retired Membership status:

**I verify that:**

- I am completely retired and do not engage in any profession, business, or trade.\* I request complete exemption from CM requirements.

*\*Excluding part-time non-planning or nonprofessional work*

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Name (Please Print) APA ID

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Signature Date

**Please return this form to:**

**MAIL TO:**

American Planning Association  
205 N. Michigan Ave., Suite 1200  
Chicago, IL 60601  
c/o: Membership Department

**FAX TO:**

American Planning Association  
312-786-6700  
c/o: Membership Department

**EMAIL TO:**

billings@planning.org

**For office use only:**

Reviewed by Membership: \_\_\_\_\_ Date : \_\_\_\_\_

Reviewed by AICP Dept.: \_\_\_\_\_ Date : \_\_\_\_\_

Approved by : \_\_\_\_\_ Date : \_\_\_\_\_