



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

REQUEST FOR RETIRED MEMBERSHIP STATUS

I verify that:

- I am completely retired and do not engage in any profession, business, or trade.
(excludes part-time non-planning or nonprofessional work)
- I am at least 65 years of age.
- I have been an active and continuous APA member for at least 10 years.

Name (Print Name)	APA ID
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Signature	Date
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If you are a retired AICP member and meet the qualifications above, you will be exempt from Certification Maintenance (CM) requirements. Planners practicing part time or who were retired and return to the workforce must meet the full obligations of Certification Maintenance.

Please return this form to:

MAIL TO:	FAX TO:	EMAIL TO:
American Planning Association	American Planning Association	billings@planning.org
205 N. Michigan Ave., Suite 1200	312-786-6700	
Chicago, IL 60601	c/o: Membership Department	
c/o: Membership Department		

For Office Use Only:

Reviewed by (Membership): _____ Date : _____

Reviewed by (AICP Dept.): _____ Date : _____

Approved by : _____ Date : _____