AMERICAN INSTITUTE OF CERTIFIED PLANNERS

THE PROFESSIONAL INSTITUTE OF THE AMERICAN PLANNING ASSOCIATION

PRACTICING PLANNER ORDER FORM

RATE EFFECTIVE THROUGH SEPTEMBER 30, 2005

☐ **ONE-YEAR SUBSCRIPTION TO PRACTICING PLANNER**
PAPER VERSION $25 (AICP MEMBERS ONLY)

☐ CHECK PAYABLE TO APA ENCLOSED ☐ PURCHASE ORDER ENCLOSED

CHARGE: ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA

CARD NUMBER EXPIRATION DATE

CARDHOLDER'S SIGNATURE

NAME ☐ MR. ☐ MS. ☐ MRS. APA ID

IF APA DOES NOT HAVE ANY OF THE FOLLOWING CONTACT INFORMATION, OR IF ANYTHING HAS CHANGED, PLEASE PRINT THE ADDITIONS OR CHANGES BELOW. YOU MAY ALSO UPDATE YOUR MEMBER PROFILE ONLINE AT WWW.PLANNING.ORG.

ORGANIZATION NAME

ORGANIZATION ADDRESS SUITE NO.

CITY STATE ZIP

DAYTIME PHONE NUMBER FAX NUMBER

HOME ADDRESS

CITY STATE ZIP

HOME PHONE NUMBER PREFERRED E-MAIL ADDRESS

PLEASE TELL US WHERE TO SEND CORRESPONDENCE FROM APA

SEND INVOICES TO: ☐ HOME ☐ ORGANIZATION

SEND PUBLICATIONS AND OTHER MAIL TO: ☐ HOME ☐ ORGANIZATION

AMERICAN PLANNING ASSOCIATION
P. O. BOX 97774
CHICAGO, ILLINOIS 60678-7774

312.431.9100 PHONE
312.431.9985 FAX
subscriptions@planning.org

A5V - Y