

Rhode Island Chapter of the American Planning Association

Chapter Membership Application

One-Year New Membership or Renewal

Information

First Name _____ M.I. ____ Last Name _____

Title _____

Organization/Company _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Fax _____

E-Mail _____

Membership Fee: \$35

Make Check Payable to:

American Planning Association – Rhode Island Chapter

Send to:

APA-RI

P.O. Box 2335

Providence, RI 02906-0335



Our mission statement is to positively shape the planning profession by providing a forum for the understanding and application of sound planning principles within the State of Rhode Island and to provide leadership in the development of vital communities by advocating and recognizing excellence in community planning. We do this through advocacy, networking, outreach, and professional development.

Questions? Reach out to us at aparhodeisland@gmail.com