Planning Institute
OF BRITISH COLUMBIA

APPLICATION FOR PROVISIONAL MEMBERSHIP

PLANNING INSTITUTE OF BRITISH COLUMBIA

110-355 Burrard Street, Vancouver V6C 2G8
Tel: 604.696.5031 Fax: 604.696.5032
Email: pibc@telus.net

Please print or type clearly

Name: _____ ❑ **Dr.** ❑ **Ms.** ❑ **Mr.**
Last name First name

Contact Information: Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: (Home): _____ (Work): _____

Fax: _____ **E-mail:** _____

Education: *Please provide official transcripts issued by Institution, in sealed envelope.*

Degree:	**Institution:**	**Year Conferred:**

Planning Employment: Applicants *without a planning degree* from a CIP recognized University planning program must demonstrate that they are presently employed in the planning field. Attach a brief planning job/work description signed by a supervisor and signed by a sponsoring Full Member of PIBC or CIP.

Code of Professional Conduct: The Code of Professional Conduct (Section 15.0 of the Institute's bylaws) sets out the professional standards to which all members of the Institute must adhere. Is there anything in your past conduct that might be in potential contravention of the Code?

❑ No ❑ Yes (if yes, please explain in detail on a separate sheet, attached to this form)

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.pibc.bc.ca), and I further certify that the information provided on this form and in any attached document is correct.

SIGNATURE OF APPLICANT: _____ **Date:** _____

Enclosures:
- ❑ **$125.00** non-refundable application fee (Cheque or money order, payable to PIBC)
- ❑ Transcripts (Must be official transcripts issued by Institution, in original sealed envelope)
- ❑ Planning Employment Description (required only for applicants without a recognized planning degree)

Please note: Membership fees for *new* members become due and payable *following* formal admission.

OFFICE USE ONLY:

Received: _____ Payment: _____

Chq. #_____ _____