



**APPLICATION FOR
MENTORSHIP PROTÉGÉ**

*(For PIBC Student, Provisional & Associate Members
or Members new to PIBC)*

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 fill out this form and either mail it to the PIBC office at: #110-355 Burrard Street, Vancouver, BC, V6C 2G8 or fax it to (604) 696-5032.

Please note that priority will be given to Student Members and Provisional Members of PIBC in assigning mentors.

Date: _____ Contact address: _____
Name: _____
Place of Work or School: _____
_____ Tel: _____
_____ Fax: _____
Job Title (If Employed): _____ E-mail: _____
_____ *What is your Membership Status with
of Years Practising Planning: _____ PIBC? _____
(Student Member, Provisional Member or Associate)

1. Type of Planning

Check the box that best describes the area of planning in which you work or are interested in working (limit to 3 choices please):

- | | |
|---|---|
| <input type="checkbox"/> City Planning & Management | <input type="checkbox"/> International Planning |
| <input type="checkbox"/> Community Planning | <input type="checkbox"/> Planning & Law |
| <input type="checkbox"/> Rural Planning | <input type="checkbox"/> Transportation & Infrastructure |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Environmental, Natural Resources |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Urban Design |
| <input type="checkbox"/> Recreation & Tourism | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Heritage and Culture | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Services | |

2. Type of Organization

Check the box that best describes the type of organization for which you work or may be interested in working (limit to 3 choices please):

- | | |
|--|--|
| <input type="checkbox"/> Independent consulting | <input type="checkbox"/> Provincial Government |
| <input type="checkbox"/> Consulting firm | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Other: _____ |

3. Please describe the field of planning that you practice and/or are most interested in practicing.

Thank you for your interest in participating in the PIBC Mentoring Program. Please mail or fax this form into the PIBC office as soon as possible.

You will be contacted by the Mentoring Committee once your application has been reviewed.