



# APPLICATION FORM FOR STUDENT MEMBERSHIP

**PLANNING INSTITUTE OF BRITISH COLUMBIA**  
1750 - 355 Burrard Street, Vancouver BC V6C 2G8  
Tel: 604.696.5031 Fax: 604.696.5032  
Web: www.pibc.bc.ca Email: info@pibc.bc.ca

Please print or type clearly

NOTE: This application is for use by BC students currently enrolled in CIP recognized University planning programs only. Students enrolled in other programs should apply for Public Subscriber membership.

Name: \_\_\_\_\_  Ms.  Mr.  
Last name First name

Contact Information: Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Student Information:

School/Program of Study: \_\_\_\_\_ Institution: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Certification by University Official:** I hereby certify that the above applicant is a bona fide student currently registered in the planning program noted above.

Name (printed): \_\_\_\_\_ Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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: \_\_\_\_\_

Annual Membership covers the period from January 1, to December 31, for renewing members every November or December.

- Membership fees for Student Members are waived.

OFFICE USE ONLY:

Received: \_\_\_\_\_ Payment: \_\_\_\_\_

Chq. # \_\_\_\_\_