



APPLICATION FORM FOR  
**MEMBERSHIP TRANSFER**  
(For PIBC members relocating elsewhere in Canada)

**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

---

**Eligibility:**

Certified, Candidate & Student members in good standing who have relocated to another Province or Territory (outside BC and the Yukon) may (and should) transfer their membership to the appropriate CIP Affiliate by completing this form and submitting it to PIBC. PIBC will transfer the membership and file to that Affiliate within approximately 10 business days.

*Please print or type clearly*

**Name:** \_\_\_\_\_ ☐ Dr. ☐ Ms. ☐ Mr.  
Last name First name

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

**New Contact Information:**

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

---

**Current Membership Status:**

☐ Certified Member ☐ Candidate Member ☐ Student Member

---

**I hereby request that my membership and file be transferred to the following CIP Affiliate:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>APPI</b> (Alberta, Northwest Territories, & Nunavut) | <input type="checkbox"/> <b>OPPI</b> (Ontario)  |
| <input type="checkbox"/> <b>SPPI</b> (Saskatchewan)                              | <input type="checkbox"/> <b>OUQ</b> (Quebec)  |
| <input type="checkbox"/> <b>MPPI</b> (Manitoba)                                  | <input type="checkbox"/> <b>API</b> (New Brunswick, Nova Scotia, Prince Edward Island, & Newfoundland & Labrador) |
| <input type="checkbox"/> <b>CIP – International</b> (Out of Canada)              |   |

I hereby certify that I have read, understand and agree to comply with the bylaws, Code of Conduct, Ethics or other such regulations of CIP and or the Affiliate into which I am requesting my membership be transferred as may be applicable. I further certify that the information provided on this form is correct.

---

**SIGNATURE OF MEMBER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY:

Received: \_\_\_\_\_ ☐ Current Year Fees Paid