

STATUS CHANGE APPLICATION FORM FOR LEAVE FROM ACTIVE MEMBERSHIP & REINSTATEMENT REQUEST

PLANNING INSTITUTE OF BRITISH COLUMBIA

1750 - 355 Burrard Street, Vancouver, BC V6C 2G8
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Eligibility: In accordance with Bylaw 2.30, Certified (including Fellows) and Candidate Members in good standing only may apply for leave from active membership for a limited time period, provided they are not going to be actively engaged in any planning work, in any capacity during the period for which they will be a member "on leave". Reinstatement to previous active membership status may be requested or required at any time.

Please print or type clearly	
Last Name	e First Name
E-mail (if changing)	
Mailing address (if changing)	
NOTE: Please be sure to indicate above contact from now on, in your new members	the email address and mailing address you will be using as your primary ship status (if changing).
I am requesting or applying for (check o	Applying for leave from active membership ☐ Requesting to return to previous active status
Current Membership Status:	Requested New Status:
☐ Certified Member (including Fellow)☐ Candidate Member☐ Member "on leave"	Certified Member (including Fellow)Candidate MemberMember "on leave"
If applying for leave from active membe	ership (please complete all sections below):
Start date for leave	End date for leave
Explanation / Reason for "on leave" sta	tus request:
 □ Maternity or paternity leave □ Currently unemployed □ Medical leave / health reasons □ Other (Specify): 	☐ Retired but not yet eligible for Retired Membership☐ Engaged in other work fully outside of planning practice
planning work, in any capacity; and acknow	rhich I am a member "on leave" I will <u>not</u> be actively engaged in an any wledge and agree that should I become engaged in any planning work I will est to <u>reinstate</u> my active membership status.
I further understand that status as member ongoing approval and discretion of the PIB	r "on leave" is normally <u>time-limited (max. 24 months)</u> and is subject to the BC Board of Directors.
Signature of Member	Date
OFFICE USE ONLY:	
Received	☐ Current Year Fees Paid