

APPLICATION FORM TO BECOME A

PUBLIC SUBSCRIBER

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	/				
Name: □ Dr. □ Ms. □ M						□ Mr.
Last name		First name				
Contac	ct Information:	Street Address:				
		City:	F	Prov.:F	Postal Code	·
Phone: (Home):		(Work):				
Fax:		E-mail:				
Are you presently a member or participant in a land use planning related organization/committee?						
☐ Yes ☐ No		If yes, please specify:				
Are you an elected official at the municipal/regional district/provincial/federal level?						
☐ Yes	□ No	If yes, pl	ease specify:			
Would you like to add a CIP Subscription as well? (annual CIP Fee \$99 + GST (Student rate \$ 22 + GST))						
☐ Yes ☐ No						
Are you a post-secondary student currently enrolled in a non-planning program ?						
☐ Yes	es					ntation.
Student Information: Please provide documentation such as a registration print out or letter from your Institution to verify your registered student status.						
Program of Study:		Institution:		I	Expected Graduation Date:	
<u> </u>	I certify that I have <u>read, understand & agree to comply</u> with the <u>bylaws</u> of the Institute (available at: www.pibc.bc.ca), and I further certify that the information and declaration(s) provided on this form and in any attached document is true and correct.					
	I agree and consent to PIBC sending me via e-mail PIBC's electronic newsletter (PIBC e-News) and annual subscription renewal invoices and notices. I understand that I may opt-out of receiving PIBC e-News at any time.					
SIGNATURE OF APPLICANT:Date:Date:Date:						
NOTE: admiss		cription fees for r	new Public Subscribers	s become due	e and payal	ole prior to formal
OFFICE USE ONLY:						
Received: Payment:						
		Chq. #_				