

APPLICATION FORM TO BECOME A **PRE-CANDIDATE**

PLANNING INSTITUTE OF BRITISH COLUMBIA

1750 - 355 Burrard Street, Vancouver, BC V6C 2G8
Tel: 604.696.5031 | Fax: 604.696.5032 | Email: <u>info@pibc.bc.ca</u>

Please	print or ty	pe clearly			
□Dr.	□Ms.	□Mr.			
			Last Name		First Name
Conta	ct Informa	ation:			
			Street Address		
City				Province	Postal Code
Phone	(Home)			Phone (Work)	Fax
E-mail	1				
Do yo	u hold a u	ıniversity pl	anning degree	from a CIP/PIBC accredite	d planning school or program?
☐ Yes		□ No			
Do yo	u hold an	other unive	rsity degree or	similar academic credenti	
☐ Yes	S	□ No		Please specify:	
Would	l you like	to add CIP	Membership as	well? (annual CIP Fee \$21	4 + GST)
☐ Ye	S	□ No			
Are yo	ou current	tly employe	d in planning?		
☐ Yes	S	□ No		If yes, please specify for	how long: years.
Is it yo	our declar	ed intention	n to pursue a ca	reer in planning and appl	y for Candidate membership in the
Institu	ite when y	ou become	eligible to do s	0?	
☐ Ye	5	□ No		If yes, please initial here	:
<u>ww</u>	w.pibc.bc	<u>.ca</u>), and I fu			vs of the Institute (available at: tion(s) provided on this form and in any
□ la me	□ I agree and consent to PIBC sending me via e-mail PIBC's electronic newsletter (PIBC e-News) and annual membership renewal invoices and notices. I understand that I may opt-out of receiving PIBC e-News at any time.				
Signature of Applicant					Date
	sures: lude a cop	by of your cu	rrent resume or (CV with this application.	
NOTE	: Separate	e membersh	ip fees for <i>new</i> n	nembers become due and p	ayable <i>prior</i> to formal admission.
OFFIC	E USE O	NLY:			
Receiv	/ed			Payment	Cheque #