

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 | Email: info@pibc.bc.ca

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.

Plea	ase	print or ty	pe clearly			
□D	r.	⊡Ms.	⊡Mr.	Last Name		First Name
				Last Name		First Name
Contact Information:				Street Address		
City	/				Province	Postal Code
Phone (Home)					Phone (Work)	Fax
E-n	nail					
			ation: Pleas ered studen		entation such as a reg	istration print out or letter from your Institution to
Program of Study					Institution	Expected Graduation Date
registered in the planning progra						Title/Position
Sigi	natu	re of Univ	versity Offici	al		Telephone Number
	I certify that I have <u>read, understand & agree to comply</u> with the <u>bylaws</u> of the Institute (available at: <u>www.pibc.bc.ca</u>), and I further certify that the information and declaration(s) provided on this form and in any attached document is true and correct.					
q	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
		ber or De	ecember.	-	n January 1, to Decen <u>bers</u> are <u>waived.</u>	nber 31, for renewing members every
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