



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  
Web: www.pibc.bc.ca Email: info@pibc.bc.ca

Please print or type clearly

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

Contact Information: Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

Do you hold a university planning degree from a CIP/PIBC accredited planning school or program?

Yes  No Please specify: \_\_\_\_\_

Do you hold another university degree or similar academic credential?

Yes  No Please specify: \_\_\_\_\_

Are you currently employed in planning?

Yes  No If yes, please specify for how long: \_\_\_\_\_ years.

Is it your declared intention to pursue a career in planning and apply for Candidate membership in the Institute when you become eligible to do so?

Yes  No If yes, please initial here: \_\_\_\_\_

I certify that I have read, understand & agree to comply with the bylaws 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 membership renewal invoices and notices. I understand that I may opt-out of receiving PIBC e-News at any time.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

**Enclosures:**

Include a copy of your current resume or CV with this application.

NOTE: Separate membership fees for *new* members become due and payable *prior* to formal admission.

OFFICE USE ONLY:

Received: \_\_\_\_\_ Payment: \_\_\_\_\_

Chq. # \_\_\_\_\_