

## APPLICATION FORM FOR: CERTIFIED MEMBERSHIP

## PLANNING INSTITUTE OF BRITISH COLUMBIA

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□Dr. □ľ	Vls. □N	Ir. Last Name		First Name
Contact Inf	ormation:			
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City		Pro	vince	Postal Code
Phone (Hor	ne)	Pho	one (Work)	Fax
E-mail				
Education:	For memb	ers new to the Institute, plea	se provide official,	university-sealed transcripts
Degree		In	stitution	Year Conferred
Degree		In	stitution	Year Conferred
□ No	□ Y	es (if yes, please explain in d	etail in a separate	attachment)
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