

## 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 | Email: info@pibc.bc.ca

| Please print or type clearly |                  |                             |   |  |  |
|------------------------------|------------------|-----------------------------|---|--|--|
| Contact Information:         |                  | Last Name First Name        |   | Name   |  |
|                              |                  | Street Address              |   |  |  |
| City                         |                  | Provinc                     | е   | Postal Code                                  |  |
| Phone (Home)                 |                  | Phone (Work)                |   | Fax  |  |
| E-mail                       |                  |                             |   |  |  |
| Are you pro                  | esently a memb   | er or participant in a land | use planning related  | organization/committee?                      |  |
| □ Yes □ No                   |                  | If yes, please speci        | If yes, please specify:   |  |  |
| Are you an                   | elected official | at the municipal/regional   | district/provincial/fed   | leral level?                                 |  |
| □ Yes □ No                   |                  | If yes, please speci        | If yes, please specify:   |  |  |
| Would you                    | like to add a C  | P Subscription as well? (a  | nnual CIP Fee \$99 + (  | GST (Student rate \$ 22 + GST))              |  |
| □ Yes                        | 🗆 No             |                             |   |  |  |
| Are you a p                  | ost-secondary    | student currently enrolled  | l in a non-planning pr  | rogram?                                      |  |
| □ Yes                        | 🗆 No             | If yes, please comp         | If yes, please complete the section below and attach documentation. |  |  |
| Student Inf                  | ormation: Plea   | se provide documentation s  | such as a registration r  | print out or letter from your Institution to |  |

 Program of Study
 Institution
 Expected Graduation Date

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

verify your registered student status.

Date

## Enclosures:

 $\hfill\square$  Include a copy of your current resume or CV with this application.

NOTE: Separate subscription fees for *new* Public Subscribers become due and payable *prior* to formal admission.

OFFICE USE ONLY: