

APPLICATION FORM TO BECOME A **PUBLIC SUBSCRIBER**

PLANNING INSTITUTE OF BRITISH COLUMBIA

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Please	print or type clearl	у					
Name:				Dr	. □ Ms.	🗅 Mr.	
Last name			First name				
Contact Information: Street Address:							
		City:		Prov.:	_Postal Code	9:	
Phone	e: (Home):		(Work	<):			
Fax:			E-mail:				
Are you presently a member or participant in a land use planning related organization/committee?							
🗅 Yes	s 🗅 No	lf yes, p	lease specify:				
Are you an elected official at the municipal/regional district/provincial/federal level?							
□ Yes □ No		lf yes, p	If yes, please specify:				
Are you a post-secondary student currently enrolled in a non-planning program ?							
🗅 Yes	s 🗆 No	lf yes, p	If yes, please complete the section below and attach documentation.				
		Please provide c registered studer	documentation such nt status.	n as a registra	tion print out	or letter from your	
Program of Study:			Institution:		Expected Graduation Date:		
0	I certify that I have <u>read, understand & agree to comply</u> with the <u>bylaws</u> 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 subscription renewal invoices and notices. I understand that I may opt-out of receiving PIBC e-News at any time.						
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