

APPLICATION FORM FOR: CERTIFIED MEMBERSHIP

PLANNING INSTITUTE OF BRITISH COLUMBIA

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Tel: 604.696.5031 | Fax: 604.696.5032 | Email: info@pibc.bc.ca

Please print or type clearly						
□Dr.	□Ms.	□Mr.	Last Name First Name			
Conta	ct Informa	ation:				
Contact information.			Street Address			
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Code	of Profess	sional Cond	luct: The Code of Profession	al Conduct (Section	14.0 of the Institute's bylaws) sets out	
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• (Invoice via QuickBooks when your signed Certified Membership Application Form is received. • Completed Log Book with all appropriate signatures					
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Updated: Apr 2020