



STATUS CHANGE APPLICATION FORM FOR
**LEAVE FROM ACTIVE MEMBERSHIP
& REINSTATEMENT REQUEST**

PLANNING INSTITUTE OF BRITISH COLUMBIA
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Eligibility: In accordance with Bylaw 2.30, Certified (including Fellows) and Candidate Members in good standing only may apply for leave from active membership for a limited time period, provided they are not going to be actively engaged in any planning work, in any capacity during the period for which they will be a member "on leave". Reinstatement to previous active membership status may be requested or required at any time.

Please print or type clearly

Name: _____ ☐ Dr. ☐ Ms. ☐ Mr.
Last name First name

E-mail (if changing): _____

Mailing Address (if changing): _____

NOTE: Please be sure to indicate above the email address and mailing address you will be using as your primary contact from now on, in your new membership status (if changing).

I am requesting or applying for (check one): ☐ Applying for leave from active membership
☐ Requesting to return to previous active status

Current Membership Status:

- ☐ Certified Member (including Fellow)
☐ Candidate Member
☐ Member "on leave"

Requested New Status:

- ☐ Certified Member (including Fellow)
☐ Candidate Member
☐ Member "on leave"

If applying for leave from active membership (please complete all sections below):

Start Date "on leave": _____ End Date for "on leave": _____

Explanation / Reason for "on leave" status request:

- ☐ Maternity or paternity leave ☐ Retired but not yet eligible for Retired Membership
☐ Currently unemployed ☐ Engaged in other work fully outside of planning practice
☐ Medical leave / health reasons
☐ Other (Specify): _____

I hereby certify that during the period for which I am a member "on leave" I will not be actively engaged in any planning work, in any capacity; and acknowledge and agree that should I become engaged in any planning work I will immediately contact the Institute and request to reinstate my active membership status.

I further understand that status as member "on leave" is normally time-limited (max. 24 months), and is subject to the ongoing approval and discretion of the PIBC Board of Directors.

SIGNATURE OF MEMBER: _____ **Date:** _____

OFFICE USE ONLY:

Received: _____

☐ Current Year Fees Paid