



APPLICATION FORM TO BECOME A
PRE-CANDIDATE

PLANNING INSTITUTE OF BRITISH COLUMBIA
1750 - 355 Burrard Street, Vancouver BC V6C 2G8
Tel: 604.696.5031 Fax: 604.696.5032
Web: www.pibc.bc.ca Email: info@pibc.bc.ca

Please print or type clearly

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

Contact Information: Street Address: _____
City: _____ Prov.: _____ Postal Code: _____

Phone: (Home): _____ (Work): _____

Fax: _____ E-mail: _____

Do you hold a university planning degree from a CIP/PIBC accredited planning school or program?

Yes No Please specify: _____

Do you hold another university degree or similar academic credential?

Yes No Please specify: _____

Would you like to add CIP Membership as well? (annual CIP Fee \$214 + GST)

Yes No

Are you currently employed in planning?

Yes No If yes, please specify for how long: _____ years.

Is it your declared intention to pursue a career in planning and apply for Candidate membership in the Institute when you become eligible to do so?

Yes No If yes, please initial here: _____

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: _____ Date: _____

Enclosures:

Include a copy of your current resume or CV with this application.

NOTE: Separate membership fees for *new* members become due and payable *prior* to formal admission.

OFFICE USE ONLY:

Received: _____ Payment: _____

Chq. # _____