APPLICATION FORM FOR
RETIRED MEMBERSHIP

& REINSTATEMENT REQUEST

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

Eligibility:

In accordance with PIBC Bylaws (Bylaw 2.14), only current Certified (formerly Full) Members in good standing who have held Certified (Full) Membership for ten or more years, who are aged 55 years or older, and who have retired from active planning work may apply for Retired Membership. Retired Members continue as non-corporate members and continue to enjoy many of the services & benefits of the Institute. Should a Retired Member return to active planning work, Reinstatement to previous active Certified Membership may (and should) be requested at such 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.

I am requesting or applying for (check one):   ❏ Applying for Retired Membership

                                                        ❏ Requesting to reinstate active Certified Membership

---

If applying for Retired Membership (please check all sections below):

❏ I hereby certify that I have been a Certified (Full) Member of the Institute / CIP for 10 or more years.

❏ I hereby certify that I am aged 55 years (or older) at the time of this application.

❏ I hereby certify that I am no longer engaged in any active planning work.

I hereby certify that during the period for which I am Retired Member I will <u>not</u> be actively engaged in an 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 <u>reinstate</u> my active Certified Membership status.

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

OFFICE USE ONLY:

Received: _____   ❏ Current Year Fees Paid

Updated: Nov. 2015