



## Re-instatement to Active Status from On Leave Application Form (within 3 years)

Name in Full	_____	Email Address	_____
Home Address	_____	City	_____
Province	_____	Postal Code	_____
Home Phone	_____	Employer Name	_____
Employer Addr.	_____	City	_____
Province	_____	Postal Code	_____
Office Phone	_____	<b>DATE TO RE-INSTATE MEMBERSHIP</b>	_____

### Continuing Professional Development Declaration (mandatory)

I have reviewed my obligations with regard to the Continuing Professional Development (CPD) program of the College of Applied Biology. As a member I am aware of the CPD program requirements and am working toward achieving them. I understand that I must maintain a written record of my professional development activities in accordance with the College Rules.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Code of Ethics Declaration (mandatory)

I certify that I have read the College's Code of Ethics (<https://www.cab-bc.org/file-download/code-ethics>) within the last 12 months.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Indictable Offence Declaration (mandatory)

Have you been convicted of an indictable offence within the past year? (Circle one)

Yes

No

Signature: \_\_\_\_\_



**Pay By Credit Card (Visa or Mastercard only)**

Card Number \_\_\_\_\_ 3 digit number ( on back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

**Signature of Card Holder** \_\_\_\_\_

**REINSTATEMENT RECEIPT WILL BE ISSUED BY EMAIL.**