



Re-instatement to Active Status from Retired 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	_____	DATE TO RE-INSTATE MEMBERSHIP	_____

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.