



British Columbia Institute of Agrologists

2777 Claude Rd. Victoria BC V9B 3T7

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Request to Activate if Resigned in Good Standing or Reinstate Membership if Discontinued

Members who have Resigned in Good Standing or who were set as Discontinued due to non-payment of dues, may return to regulated status if requesting within 5 years from the date of Resignation or Discontinued. If it's beyond 5 years then a new application for registration will need to be submitted under the current standards of the day. To accompany this form you will need to remit the active P.Ag. or A.Ag. dues and all additional fees if applicable by completing the below payment section below.

Print Name _____ Member # _____

Date Returning to Active Status _____

Signature _____ Date _____

Payment Information:

Name on Card _____ Total Amount \$ _____

Card # _____ Exp. _____ 3 digit # _____

Resigned members are required to pay fees for the year returning: \$475.⁰⁰* for P.Ag. or \$415.⁰⁰* for A.Ag.

*Pro rated according to date of return for Resigned members ONLY:

Full fees up to March 31, ¾ up to June 30, ½ up to September 30, and ¼ to December 31.

Discontinued members are required to pay full fees for the year returning: \$475.⁰⁰ for P.Ag. or \$415.⁰⁰ for A.Ag. **PLUS:**

*Outstanding dues from year discontinued: \$475.⁰⁰ for P.Ag. or \$415.⁰⁰ for A.Ag.

*Late fee from discontinued year: \$100.00

*Reinstatement fee for the year returning: \$125.⁰⁰

Reinstated Member Covenant:

All members of the institute, however and wherever they may practice, are bound by the Code of Ethics set out by the institute and shall, as a condition of membership in the institute, assent to and conform to the Code of Ethics as contained in Schedule B of the Bylaws (www.bcia.com >About BCIA)

I, _____ do hereby certify that I assent to the Code of Ethics of the British Columbia Institute of Agrologists and that I shall endeavour at all times to abide by them.

Signature _____ Date _____

Preferred Contact Information:

Full Address: _____ Home or Work _____

Employer Name (if applicable): _____

Phone Number: _____ Home or Work _____

Email Address: _____

*The Registrar may request a current resume to be submitted to follow this form in addition to evidence of past PD activities.