



REINSTATEMENT OF MEMBERSHIP ...

This POLICY applies to individuals wishing to reinstate registration.

PREVIOUS MEMBERS APPLYING TO REINSTATE THEIR MEMBERSHIP MUST ...

- a. Complete a reinstatement application form.
- b. Provide a copy of two (2) pieces of legal identification (eg birth certificate), one of which must be Government issued 'photo ID' (eg Canadian Passport or Provincial Motor Vehicle Driver's License).
- c. Successfully complete a Professional Practice and Ethics Exam.
- d. Complete the Professionalism in Practice Module.
- e. Sign ASTTBC's Privacy Policy declaration.
- f. Supply a resume which includes details of continuing education and additional work history acquired since original membership granted.
- g. Provide two (2) technical references at the discretion of the Registrar.
- h. Because archived files are eventually purged, an applicant may be required to supply additional information to ensure the application is complete and current before being considered for reinstatement.
- i. There is no time limitation in which an application for reinstatement must be made, ie from the time the applicant ceased being registered to the time of the application for reinstatement.
- j. Submit with the Application the current 'Reinstatement Fee'; \$225.00 + 12% HST (\$252.00)
- k. Pro-rated dues for the current year will be due and payable upon acceptance for reinstatement. There is no requirement to pay dues from the last year in which the applicant was registered.
- l. The Registrar may waive or vary any or all of the foregoing.
- m. All Applications for Reinstatement will be considered by the Board of Examiners.



**APPLICATION FOR REINSTATEMENT OF MEMBERSHIP
TO THE APPLIED SCIENCE TECHNOLOGISTS AND TECHNICIANS OF BC**

NAME: _____
FAMILY NAME FIRST NAME SECOND NAME

ADDRESS: _____

HOME PH: () _____ **BUSINESS PH:** () _____ **FAX PH:** () _____

EMAIL: _____

EMPLOYER'S NAME: _____

ADDRESS: _____

DECLARATION:

I, _____, wish to reinstate my membership with the Applied
FULL NAME - PLEASE PRINT
Science Technologists and Technicians of BC. I was previously registered as a/an _____
PREVIOUS CLASSIFICATION
with the ASTTBC. My membership number was _____.

I understand in making application for reinstatement, I will be required to meet the requirements of ASTTBC's Reinstatement Policy. A non-refundable Reinstatement Fee of \$225.00 plus 12% HST (\$252.00) must accompany this application.

I agree to abide by the ASTTBC Act and Regulations, Code of Ethics and Practice Standards.

SIGNATURE DATE