

Change of Sponsor (FIT)

Foresters-in-Training (FITs) who want to change their sponsor during the enrolment period must submit this Change of Sponsor form. Please ensure this form has been completed by the enrolled member, the new sponsor and the previous sponsor. Once completed, return this form by mail to ABCFP (see address information below).

Part A: Enrolled Member Information					
Last Name F	First Name	Membe	er#		
Effective Date of Sponsor Change:		_			
	dd/mm/yy				
Reason(s) for Change:					
To state your reasons in confidence, contact the Registration	on Department directly				
To state your reasons in communities, contact the regionality	on Boparanone anoday.				
Address	ome				
Address 2 Pasimoss 2 Pic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Title					
Organization Name					
Street Address	Mailing Add	ress (if different)			
City	Province	Postal Code			
()		()			
Telephone	Extension	Fax			
()					
Cellular	Business E-mail				

Part B: New Sponsor Information

Last Name	First Name Member #				
Contact Information					
Title					
Organization Name					
Street Address	Mailing Ad	ddress (if different)			
City	Province	Postal Code			
()		()			
Telephone	Extension	Fax			
() Cellular	Business E-mail				
Sponsor Agreement					
I,, agree to					
By affixing our signatures to this agreement we confirm					
1. I ,, as the relationship and frequent contact with my sponsor and g					
		·	,		
2. I ,, as t					
enrolled member towards registration and the work that		oes during his/her articling po	eriod.		
We have read and understood the ABCFP Articling Pol.We agree to be bound by the mutual obligations and du		clina Policy			
, ,					
Signatures			.00		
Sponsor Signature	Sponsor Sta	amp or Seal	Affix Seal Or Stamp Here		
Signature of Applicant			SealO		
Oignature of Applicant					
Dated this day of	, 20	·			
Part C: Previous Sponsor Information					
By affixing my signature to this form, I confirm that I agree to	step down from my ro	le as Sponsor for the enrolled	d member mentioned above		
, J , , J					
Last Name	First Name		Member #		
			Affix mp Here		
Date	Signature of Pr	revious Sponsor	10/ Sto.		