

Change of Sponsor (TFT)



Trainee Forest Technologists (TFTs) 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.

Part A: Enrolled Member Information

| | | |
|-----------|------------|----------|
| | | |
| Last Name | First Name | Member # |

Effective Date of Sponsor Change: _____
dd/mm/yy

Reason(s) for Change:

To state your reasons in confidence, contact the Registration Department directly.

Address Business Home

Title _____

Organization Name _____

| | |
|----------------|--------------------------------|
| | |
| Street Address | Mailing Address (if different) |

| | | |
|-----------|----------|-------------|
| | | |
| City | Province | Postal Code |
| () | | () |

| | | |
|-----------|-----------|-----|
| | | |
| Telephone | Extension | Fax |
| () | | |

| | |
|----------|-----------------|
| | |
| Cellular | Business E-mail |

Part B: New Sponsor Information

Last Name First Name Member #

Membership Category: Registered Professional Forester Registered Forest Technologist

Contact Information

Title

Organization Name

Street Address

Mailing Address (if different)

City

Province

Postal Code

()

()

Telephone

Extension

Fax

()

Cellular

Business E-mail

Sponsor Agreement

I, _____, agree to act as the sponsor for _____.

By affixing our signatures to this agreement we confirm that:

1. I, _____, as the enrolled member assume primary responsibility to ensure that I maintain a strong relationship and frequent contact with my sponsor and gain the necessary exposure to the practice areas outlined in the *Articling Policy*.
2. I, _____, as the sponsor assume responsibility for overseeing the growth and development of the enrolled member towards registration and the work that the enrolled member does during his/her articling period.
3. We have read and understood the ABCFP *Articling Policy*.
4. We agree to be bound by the mutual obligations and duties outlined in the *Articling Policy*.

Signatures

Sponsor Signature _____ Sponsor Stamp or Seal _____

Signature of Applicant _____

Dated this _____ day of _____, 20 _____.

Affix
Seal Or Stamp Here

Part C: Previous Sponsor Information

By affixing my signature to this form, I confirm that I agree to step down from my role as Sponsor for the enrolled member mentioned above

Last Name First Name Member #

Date

Signature of Previous Sponsor

Affix
Seal Or Stamp Here