

Change of Sponsor



The association must be notified of any changes to sponsor/enrolled member relationships. Read the [Articling Procedures](#) for information on the change of sponsor process and requirements. The enrolled member must notify the ABCFP's registration department of the change by submitting this form. Please ensure this form has been completed by the enrolled member, the new sponsor and the previous sponsor. Email the completed form to the registration department at admissions@abcfp.ca.

Part A: Enrolled Member Information

Last Name	First Name	Designation & Member #

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

Reason(s) for Change:

If the enrolled member or sponsor would like to state their reasons in confidence, contact the Registration Department directly at admissions@abcfp.ca.

Preferred Contact Information Business Home
 If there have been any changes to your contact information, please sign-in to www.abcfp.ca to ensure that your information and communications preference is up-to-date.

Employer Name		Job Title
Street Address		Mailing Address (if different)
City	Province	Postal Code
()		()
Telephone	Extension	Fax
()		
Cellular	Preferred E-mail	

NOTE: The information in this application is collected by the ABCFP under the authority of the *Foresters Act*. Should you have any questions, please contact the Manager of Registration at:
 Mail: 602-1281 W. Georgia Street, Vancouver, BC, V6E 3J7
 Phone: 604.331.2329
 Email: admissions@abcfp.ca

Part B: New Sponsor Information

Last Name	First Name	Designation & Member #
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Preferred Contact Information

Business Home

If there have been any changes to your contact information, please sign-in to www.abcfp.ca to ensure that your information and communications preference is up-to-date.

Employer Name		Job Title	
Street Address		Mailing Address (if different)	
City	Province	Postal Code	
()		()	
Telephone		Extension	Fax
()			
Cellular		Preferred E-mail	

Articling 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 Procedures* and to complete my registration requirements.
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.

As the sponsor, I will inform the ABCFP immediately, should I:

- become aware that the enrolled member may not be meeting his/her obligations under the *Articling Procedures*, or
- have any concerns about the enrolled member's suitability for registration.

3. We have read and understood the *Articling Procedures*.
4. We agree to be bound by the mutual obligations and duties outlined in the *Articling Procedures*.

Signatures

New Sponsor Signature _____ Sponsor Stamp or Seal (Optional) _____

Signature of Enrolled Member _____ Dated this _____ day of _____, 20 _____.

Affix Optional 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	Designation & Member #
Date		Signature of Previous Sponsor

Affix Optional Seal Or Stamp Here