



The Pony Club Association of N.S.W.

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Correspondence to: PO Box 2085, Wollongong NSW 2500 Australia

CLUB MEMBERSHIP NOMINATION FORM

The applicant is required to complete the details below. It is important that where the applicant is or has been a member of another Pony Club that he/she is in possession of a Transfer Application from the previous Club in accordance with the Rules and Regulations of the Pony Club Association of New South Wales.

I, (name in full) _____

Of (full address) _____

Email: _____ Phone no: _____

Mobile: _____ Date of Birth: _____

Would like to become a Riding) Cross out whichever does not apply
 Non-Riding)

Member of the _____ Pony Club.

If accepted for membership, I agree to abide by the Rules and Regulations as laid down in the Rules of Incorporation, the PCA handbook and whatsoever amendments and additions as agreed to by Council from time to time together with any additional by-laws imposed by the _____ Pony Club. I also agree to pay applicable affiliation fees when due.

The following information is required:

Are you a member or have you been a member of any other Pony Club? _____

If so, state Club/s _____

Have you ever been suspended, expelled or asked to resign from any Pony Club? _____

If so, state why _____

Are you in possession of a current transfer certificate? _____

NOTE: Schedule A, 5.9

* Any person desiring to become a member of the Club shall apply in writing on the official form of application provided by the Club stating name, address, telephone number, date of birth for Juniors and Associates and all particulars therein required – such applications shall be delivered to the Secretary of the Club at least one week before the date of the meeting at which such member comes forward for election. New members shall be admitted upon election by a simple majority of the Committee*

Do you have any medical condition/disability or handicap that would affect your participation in Pony Club activities? _____

If so, please explain _____

Signature of Applicant _____ Parent/Guardian _____

Date _____

Signature of proposer _____ (if applicable)

Signature of seconder _____ (if applicable)

Note: Membership is not available to persons who receive remuneration for riding instruction (Professional).

Will application be made for a Photography Exemption for your child? YES/NO
(Please complete application for exemption to photograph/video/film of a member in the Photography Policy). _____

Junior members only Medical and Ambulance Authorisation

In case of emergency, do you agree to have Medical and/or Ambulance Services called for the above applicant? YES/NO

If so, please complete the authorisation below.

Does your child suffer from any unusual medical problems, which should be made known to Instructors? YES/NO

If so, give particulars _____

Any allergies: (Penicillin, Sulphur drugs etc) _____

I hereby authorise that medical/ambulance service be sought for the above applicant in case of emergency.

Signature Parent/Guardian _____

Date _____