



PONY CLUB
NEW SOUTH WALES

The Pony Club Association of N.S.W.

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NOTIFICATION OF CLUB OFFICE BEARERS 20_____

TO BE COMPLETED BY THE CLUB SECRETARY AS SOON AS POSSIBLE FOLLOWING THE CLUB AGM AND SEND A COPY TO THE ZONE SECRETARY AND A COPY TO PCA NSW STATE OFFICE.

FULL NAME OF CLUB/ZONE: _____ ZONE: _____

IS THE CLUB INCORPORATED? YES / NO DATE OF AGM: _____ YEARLY SAFETY CHECKLIST ENCLOSED? YES/NO

THE FOLLOWING MEMBERS WERE ELECTED AT THE AGM

SECRETARY:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (H) _____ (M) _____

WEBSITE: _____

E-MAIL: _____

PRESIDENT:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

TREASURER:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

SAFETY OFFICER:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

MEMBER PROTECTION INFORMATION OFFICER:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

PLEASE TURN OVER ➔

CLUB CORPORATE MEMBER (or "Member of the Association" - person authorised to represent the Club and vote at the State AGM):

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

SENIOR INSTRUCTOR:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

CLUB CAPTAIN:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

Zone Delegate:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

Zone Delegate:

NAME: _____

MAILING ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: (W) _____ (H) _____

E-MAIL: _____

Reserve Zone Delegate:

NAME: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

Reserve Zone Delegate:

NAME: _____

TELEPHONE: (M) _____ (H) _____

E-MAIL: _____

CLUB COLOURS: _____

CLUB GROUNDS (FULL ADDRESS) _____
