



The Pony Club Association of N.S.W.

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NOTIFICATION OF ZONE OFFICE BEARERS 20_____

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

ZONE: _____ IS THE ZONE INCORPORATED? YES / NO DATE OF AGM: _____

YEARLY SAFETY REPORT ENCLOSED? YES/NO

THE FOLLOWING MEMBERS WERE ELECTED AT THE AGM

SECRETARY: NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
WEBSITE: _____ FAX: _____
E-MAIL: _____

PRESIDENT: NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

ZONE CHIEF INSTRUCTOR: NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

DEPUTY ZC I: NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

TREASURER: NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

PLEASE TURN OVER →

ZONE COUNCILLORS:

(Note that all Zone Councillors must be Club Delegates to Zone)

1. NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

2: NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

SUBSTITUTE COUNCILLORS:

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

**ZONE SAFETY:
OFFICER**

NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
MOBILE: _____ FAX: _____
E-MAIL: _____

**ZONE MEMBER:
PROTECTION
INFORMATION
OFFICER**

NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (M) _____
E-MAIL: _____

ZONE UNIFORM:

SHIRT COLOUR: _____
JUMPER COLOUR: _____
TIE COLOUR: _____
SADDLECLOTH: _____

ZONE GROUNDS (if applicable):

PLEASE NOTIFY THE PCA OFFICE IMMEDIATELY IF ANY OF THE ABOVE
OFFICE BEARERS CHANGE, OR IF THEIR CONTACT DETAILS CHANGE. THANK YOU.