



# The Pony Club Association of N.S.W.

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Correspondence to: PO Box 2085 Wollongong NSW 2500 Australia

## 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 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 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 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.