



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

Room 317, Sports House, Wentworth Park Sporting Complex, Wattle St, Ultimo  
Phone: (02) 9552 2800 Fax: (02) 9552 2787 Email: admin@pcansw.org.au  
Correspondence to: PO Box 980, Glebe NSW 2037 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 Certificate 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) \_\_\_\_\_

Phone no \_\_\_\_\_ 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 1, 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).**

### 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 \_\_\_\_\_