



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 TO THE PCA NSW STATE OFFICE.

ZONE: _____	IS THE ZONE INCORPORATED? YES / NO _____	DATE OF AGM: _____
SECRETARY:	NAME: _____	
	MAILING ADDRESS: _____	
	_____	POSTCODE: _____
	TELEPHONE: (H) _____	(W) _____
	MOBILE: _____	FAX: _____
	E-MAIL: _____	
PRESIDENT:	NAME: _____	
	MAILING ADDRESS: _____	
	_____	POSTCODE: _____
	TELEPHONE: (H) _____	(W) _____
	MOBILE: _____	FAX: _____
	E-MAIL: _____	
ZONE CHIEF INSTRUCTOR:	NAME: _____	
	MAILING ADDRESS: _____	
	_____	POSTCODE: _____
	TELEPHONE: (H) _____	(W) _____
	MOBILE: _____	FAX: _____
	E-MAIL: _____	
DEPUTY ZC I:	NAME: _____	
	MAILING ADDRESS: _____	
	_____	POSTCODE: _____
	TELEPHONE: (H) _____	(W) _____
	MOBILE: _____	FAX: _____
	E-MAIL: _____	
TREASURER:	NAME: _____	
	MAILING ADDRESS: _____	
	_____	POSTCODE: _____
	TELEPHONE: (H) _____	(W) _____
	MOBILE: _____	FAX: _____
	E-MAIL: _____	

PLEASE TURN OVER ➔

**ZONE SAFETY:
OFFICER**

NAME: _____
MAILING ADDRESS: _____

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

**ZONE MEMBER:
PROTECTION
INFORMATION
OFFICER**

NAME: _____
MAILING ADDRESS: _____

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

ZONE COUNCILLORS:

1.

NAME: _____
MAILING ADDRESS: _____

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

2:

NAME: _____
MAILING ADDRESS: _____

POSTCODE: _____
TELEPHONE: (H) _____ (W) _____
MOBILE: _____ FAX: _____
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.