



NARRABRI & DISTRICT PONY CLUB INC

www.narrabriponyclub.com
nbriponyclub@hotmail.com

2019 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, (address in full) _____

Date of Birth _____ Phone no _____ Mobile _____

Emergency Contact: * _____ Phone: _____

Email Address: _____

Would like to become a Riding Member Non-Riding Member

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 Narrabri & District Pony Club Inc. 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? YES / NO

If so, state Club/s _____

Have you ever been suspended, expelled or asked to resign from any Pony Club? YES / NO

If so, please state why _____

Are you in possession of a current Transfer Certificate _____

NOTE: Schedule A. 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 Junior and Associates and all particulars therein required –

Any 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

Medical

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 _____

Note: Membership is not available to persons who receive remuneration for riding instruction (Professional)

Photography

I understand that Narrabri & District Pony Club Inc. at times may take photographs of my child whilst participating at events such as Rally Days, Pony Camp, Gymkhanas etc. I understand that these photographs may be published through the pony club email, website and local newspapers. I also understand that these photographs may be published on the PCA NSW website.

Will application be made for a Photography Exemption for your child? YES/NO

(Please complete application for exemption to photograph/video/film of a member in the Photography Policy)

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

Does your child suffer from any unusual medical problems, which should be made known to Instructors? YES/NO

If so, give particulars _____

Do you have any allergies: (Penicillin, Sulphur, drugs etc.) _____

I hereby authorize that medical/ambulance service be sought for the above applicant in case of emergency.

Signature of Parent/Guardian: _____

Bank Details for Direct Deposit: BSB 062-582 Account # 00910707 **Please ensure the reference is your child's name and send a copy of remittance with nomination form to:** Narrabri & District Pony Club Inc., PO Box 453, Narrabri NSW 2390

Cheques to be made payable to: Narrabri & District Pony Club Inc.