



# Pony Club Association of Queensland Inc.

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ABN: 49 040 247 044

## 2012 ZONE OFFICE BEARERS RETURN

2012 Zone Secretary to complete in full and return

(a) within 7 days of the Zone AGM, and (b) within 7 days of any interim change of Office bearers  
(resubmit in full)

**ZONE Number:** \_\_\_\_\_

**ZONE PRESIDENT – (Cannot also hold the position of Treasurer)**

NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

( ) ..... Fax ..... Mobile

Email: .....

**ZONE TREASURER – (Cannot also hold the position of President)**

NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

( ) ..... Fax ..... Mobile

Email: .....

**ZONE SECRETARY**

NAME: .....

ADDRESS: .....

for Zone mail

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

( ) ..... Fax ..... Mobile

Zone Email: (Allocated by PCAQ)

## Zone Chief Instructor

NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

( ) ..... Fax ..... Mobile

Email: .....

## Zone Delegates to PCAQ for 2012

Each Zone may nominate two (2) Delegates. Please list your Delegates *even if they remain unchanged*. Zone delegates must be a financial member of a Pony Club in your Zone. Each Delegate will receive a complimentary copy of the PCAQ Newsletter together with all the inserts.

1. NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

2. NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

## Reserve Delegates (do not receive a free newsletter)

1. NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

2. NAME: .....

ADDRESS: .....

..... Post code: .....

Telephone: ( ) ..... 9am-5pm ( ) ..... After hours

## Secretary's Certificate:

The information on this return accurately reflects the outcomes of the Zone AGM

Date of Zone Annual General Meeting: .....

Date set down to review Zone Risk Management Policy: .....

Date set down to review Zone Member Protection Policy: .....

Signed ..... Date: .....

(Zone Secretary)

## NOTES FOR COMPLETION OF THIS FORM:

1. Please attach a copy of the Minutes of the AGM to this report and
2. Return the originally signed form to PCAQ, not an emailed or scanned copy.