



Pony Club Association of Queensland Inc.

Pony Club House
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ABN: 49 040 247 044

2012 CLUB OFFICE BEARERS RETURN

2012 Club Secretary to complete in full and return

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

CLUB: _____ **ZONE:** _____

CLUB PRESIDENT – (Cannot also hold the position of Treasurer)

NAME:

ADDRESS:

.....Post code:

Telephone: () 9am-5pm () AH's

() Fax Mobile

..... Email

CLUB TREASURER – (Cannot also hold the position of President)

NAME:

ADDRESS:

..... Post code:

Telephone: () 9am-5pm () AH's

() Fax Mobile

..... Email

CLUB SECRETARY

NAME:

ADDRESS:

for Club mail

..... Post code:

Telephone: () 9am-5pm () AH's

() Fax Mobile

Club Email: (Allocated by PCAQ)

Club Chief Instructor

NAME:

ADDRESS:

..... Post code:

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

() Fax Mobile

..... Email

Club Horse Welfare Officer

NAME:

ADDRESS:

..... Post code:

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

() Fax Mobile

..... Email

Club Sun Safety Officer

NAME:

ADDRESS:

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..... Post code:

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

() Fax Mobile

..... Email

Secretary's Certificate:

The information on this return accurately reflects the outcomes of the AGM and a Representative of the Club Instructor Panel is a member of the Club Management Committee

Date of Club Annual General Meeting:

Date set down to review Club Risk Management Policy:

Date set down to review Club Member Protection Policy:

Signed Date:

(Club 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.