

Postal Address
PO Box 293
Northgate Qld. 4013



Phone (07) 3216 1255
email: admin@pcaq.asn.au
www.pcaq.asn.au

ABN: 49 040 247 044

2017 CLUB OFFICE BEARERS RETURN

2017 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 NAME: _____ CLUB PIC: _____ ZONE: _____

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

NAME:

ADDRESS:

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

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

..... FaxMobile

.....Email

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

NAME.....

ADDRESS.....

EMAIL..... Post code.....

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

..... Fax Mobile

..... Email

CLUB SECRETARY

NAME.....

ADDRESS.....

For Club Mail

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

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

..... FaxMobile

.....Email

Club Email:

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CLUB CHIEF INSTRUCTOR

NAME:

ADDRESS.....

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

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

..... Fax.....Mobile

.....Email

CLUB HORSE WELFARE OFFICER

NAME.....

ADDRESS.....

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

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

CLUB SUN SAFETY OFFICER

NAME.....

ADDRESS.....

.....Post code

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

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

Date of Club Annual General Meeting:

Date set down to review Club Risk Management Policy:

Date set down to review Club Member Protection Policy:

SignedDate:
(Club Secretary)

NOTE: FOR COMPLETION OF THIS FORM:

Please attach a copy of the Minutes of the AGM to this report and return the originally signed form to PCAQ.