

Postal Address  
P.O. Box 293  
Northgate Qld. 4013



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

ABN: 49 040 247 044

**2017 ZONE OFFICE BEARERS RETURN**  
**2017 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.....

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

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

.....Fax ..... Mobile .....Email

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

NAME: .....

ADDRESS.....

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

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

..... Fax ..... Mobile .....Email

**ZONE SECRETARY**

NAME: .....

ADDRESS.....

Zone Email.....Post code:.....

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

.....Fax ..... Mobile .....Email

**ZONE CHIEF INSTRUCTOR**

NAME: .....

ADDRESS: .....

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

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

..... Fax ..... Mobile..... Email

**PTO**

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### Zone Delegates to PCAQ for 2017

**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: .....

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

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

2. NAME: .....

ADDRESS:.....

...

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

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

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

1. NAME: .....

ADDRESS:.....

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

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

2. NAME: .....

ADDRESS .....

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

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

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)

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.