

Postal Address  
PO Box 293  
Northgate Qld. 4013



Phone (07) 3216 1255  
email: [admin@pcaq.asn.au](mailto:admin@pcaq.asn.au)  
[www.pcaq.asn.au](http://www.pcaq.asn.au)

ABN: 49 040 247 044

### 2019 CLUB OFFICE BEARERS RETURN

#### 2019 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

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

..... 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

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

..... Email

Club Email: .....

**PTO**

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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: .....

Signed .....Date: .....  
(Club Secretary)

**NOTE: FOR COMPLETION OF THIS FORM:**  
Please attach a copy of the Minutes & Financials of the AGM to this report and return the originally signed form to PCAQ.