

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



Phone: (07) 3216 1255
Email. admin@ponyclubqld.com.au
www.ponyclubqld.com.au

ABN: 49 040 247 044

2024 ZONE OFFICE BEARERS RETURN

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 MobileEmail

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

NAME:

ADDRESS.....

EMAIL: Post code.....

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

..... Fax MobileEmail

ZONE SECRETARY

NAME:

ADDRESS.....

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

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

.....Fax MobileEmail

ZONE CHIEF INSTRUCTOR

NAME:

ADDRESS:

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

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

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

PTO

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Zone Delegates to PCQ for 2024

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.

1. NAME:

ADDRESS:

EMAIL:Post code:.....

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

2. NAME:

ADDRESS.....

...

EMAIL:Post code:.....

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

Reserve Delegate

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 PCQ.