

2026 CLUB OFFICE BEARERS RETURN

2026 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 No#: _____ Zone: _____

Club Email: _____

Club Postal Address: _____

Club President – (Cannot also hold the position of Treasurer)

NAME: _____

BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)

ADDRESS: _____ Postcode: _____

CONTACT No#: _____

EMAIL: _____

Club Treasurer – (Cannot also hold the position of President)

NAME: _____

BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)

ADDRESS: _____ Postcode: _____

CONTACT No#: _____

EMAIL: _____

Club Secretary

NAME: _____

BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)

ADDRESS: _____ Postcode: _____

CONTACT No#: _____

EMAIL: _____

Club Vice President

NAME: _____

BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)

ADDRESS: _____ Postcode: _____

CONTACT No#: _____

EMAIL: _____

PO Box 293, Northgate Q 4013
3/14 Ashtan Pl, Banyo Q 4014



ABN: 49 040 247 044

T: 07 3216 1255
E: admin@ponyclubqld.com.au
W: www.ponyclubqld.com.au

Club Vice President

NAME: _____
BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)
ADDRESS: _____ Postcode: _____
CONTACT No#: _____
EMAIL: _____

Club Chief Instructor

NAME: _____
BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)
ADDRESS: _____ Postcode: _____
CONTACT No#: _____
EMAIL: _____

Club Horse Welfare Officer

NAME: _____
BLUE CARD No#: _____ (Required as per State Law effective 20 September 2025)
ADDRESS: _____ Postcode: _____
CONTACT No#: _____
EMAIL: _____

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 copies of the following and return **originally signed** version of this form to PCQ.

- ☐ Minutes & Financials of the AGM
- ☐ Club Risk Assessment