



Membership Form for Riding Members, Adult Members and Technical Members

Riding and/or Adult Member - I wish to apply for membership of the Papatoetoe Branch or Club (Club with no Branches). In doing so, I acknowledge that I am applying for membership of the Papatoetoe Club (if applicable) and of the Cuckland Area and of the New Zealand Pony Clubs Association Incorporated located at PO Box 8626, Havelock North.

Technical Member - I wish to apply for membership of _____ Branch (if applicable) _____ Club (if applicable) and/or _____ Area and in doing so acknowledge that I am also applying for membership of the New Zealand Pony Clubs Association Incorporated located at PO Box 8626, Havelock North.

This form has been prepared to ensure compliance with the Privacy Act 1993 and the Incorporated Societies Act 1908. Please complete all spaces on the form for each person applying for membership. Failure to complete all spaces may result in refusal to accept membership. For more information please refer to the NZPCA Membership Regulation.

1. MEMBERSHIP CATEGORY (All categories to complete)

Riding Member under 18 years of age <input type="checkbox"/>	Riding Member 18 years and under 25 years of age <input type="checkbox"/>
Adult Member <input type="checkbox"/>	Current Life Member of a Branch <input type="checkbox"/> and/or a Club <input type="checkbox"/>
Technical Member: Appointed/elected as Coach <input type="checkbox"/> Technical Delegate <input type="checkbox"/> Judge <input type="checkbox"/> Examiner <input type="checkbox"/> Other: _____	

2. MY DETAILS (i.e. details of the individual applying for membership) (All categories to complete)

Title: Mr Mrs Miss Ms Master Dr Male Female

Surname: _____ First Names: _____ **Riding member only** Date of Birth: ____/____/____

Address: _____

Post Code: _____ Email: _____

Phone: Day: _____ Evening: _____ Mobile: _____

Riding Member only: Certificate Level (circle the highest attained) for no certificate D D+ C C+ B H A Riding A

Technical Member only: Please provide details of the qualifications you currently hold relevant to your election/ appointment as a Technical Member. You can do this by either providing the information below or providing the information in a separate sheet with this form.

My qualifications are _____

3. EMERGENCY CONTACT (All categories to complete)

Surname: _____	First Name: _____	Relationship: _____
Phone: Day: _____	Evening: _____	Mobile: _____

4. MEDICAL CONDITION/S (All categories to complete)

Please list any medical conditions that may impact on you when participating in Pony Club events and/or activities (e.g. epilepsy, asthma, allergies etc). Please read paragraph 6 (over page)

By signing this form you authorise the personnel appointed by the Branch, Club and/or Area to administer such first aid as it considers necessary.

5. COMMUNICATIONS (Refer to paragraph 7 over page) I do not wish to receive any of the information specified in paragraph 7(a) over page

6. OTHER INFORMATION

New Riding Members only: How did you found out about Pony Club: Friend NZPCA Website Other: _____

7. APPLICANT DECLARATION ((All categories to complete except for Riding Members under 18 years of age)

I have read and consent to the membership declaration (over page).

- 18 and under 25 years of age** - I acknowledge that I am the Person Responsible for any horse that I ride during Pony Club Events and/or Activities.
- Adult Member** I acknowledge that I am the Person Responsible for any horse that I ride during Limited Pony Club Events and/or Activities.

Signature: _____ Date: ____/____/____

8. PARENT/GUARDIAN/CAREGIVER CONSENT

I am the **parent/guardian/caregiver** of the applicant who is **under 18 years of age**. I have read and understand this form and the Membership Declaration. I consent to the applicant's application for membership on the basis set out in this form and the Membership Declaration. I also consent, or am authorised to consent, to the emergency contact details specified in this form being held by the Branch, Club, Area and NZPCA for the purposes of contacting the person(s) named in an emergency. I acknowledge that because the applicant is under 18 years of age, when I am present at a Pony Club Event and/or Activity in which the applicant is participating in, I am the Person Responsible for any horse that the applicant rides at a Pony Club Event and/or Activity. I also acknowledge that, unless I am already a Member of NZPCA, I must complete a separate Membership Form for Riding Members, Adult Members and Technical Members.

Signature: _____ Date: ____/____/____

Surname: _____ First name: _____ Mobile: _____

Phone: Home: _____ Work: _____ Email: _____

9. NZPCA USE ONLY

NZPCA Officer: _____ Entered on Database on: _____