



CANADIAN PONY CLUB

APPLICATION FOR ASSOCIATE MEMBERSHIP (revised November 2012)

(To be completed each year)

Please print or type all information

THIS APPLICATION IS FOR A: (PLEASE CHECK ONE)

BRANCH **REGIONAL** **NATIONAL** **ASSOCIATE MEMBERSHIP**

PLEASE INDICATE IF THIS IS A: NEW APPLICATION OR AN INFORMATION UPDATE
(please fill in all information) (just fill in your name and the changed information)

LAST NAME: _____ **FIRST NAME:** _____

STREET & NUMBER: _____

MAILING ADDRESS: CITY: _____ **PROVINCE:** _____

POSTAL CODE: _____ - _____

EMAIL ADDRESS: _____ **HOME PHONE:** _____ - _____ - _____

Please indicate your current Branch and Regional affiliations (if any)

BRANCH: _____ **REGION:** _____

DO YOU HAVE A CURRENT EQUINE CANADA SPORT LICENSE? (Y OR N)

ARE YOU A CURRENT MEMBER OF YOUR EQUINE PSO (OEF, AEF, NSEF, ETC? (Y OR N)

RIS# _____

Police Check complete? _____

If you were previously a Pony Club member or volunteer, please let us know approximately the years that you started/finished and what your previous branch and regional affiliations were. It is not necessary to list the jobs you have done but if you were a member, please indicate your recollection of your final test level. Please use the back of the page or an attached page if you don't have enough room.

Do you have any special equine related skills which may be of interest to the Pony Club such as:

Certified Instructor (indicate level) **Certified Coach** (indicate level) **Certified Official** (indicate level) **Veterinarian** (Yes or No) **Farrrier** (Yes or No) **Other** (Please specify)

This section is for Regional and Branch use

Application accepted: _____

Signature

Position (DC, Regional Chair, etc)

Date