	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 it 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 InstructorCertified CoachCertified OfficialVeterinarianFarrierOther(indicate level)(indicate level)(indicate level)(Yes or No)(Yes or No)(Please specify)	
This section is for Regional and Branch use	

Application accepted: _____

Signature

Date