

P O Box 2085 Wollongong NSW 2500 Ph: 02 4229 8977 email: admin@pcansw.org.au

PCA NSW CLUB MEMBER'S TRANSFER FORM

Date entered:		

Please complete one form per member

I		Date of birth		wish to transfer for	rom	
Pony Club, Zone						
If I have any outstanding						not obligated to
accept my application f	or transfer from t	them until debts are m	et.			
Signed:		(transferring mem	ber)		Date:	
Signed:		(parent/guardian i	f under the	e age of 18years)	Date:	
Transferring Cl	ub Permiss	ion				
1	as an auth	orised Club Official of	the		Pony Club, 2	Zone
grant / refuse the above	e-signed PCA NS	SW Club Member, a tra	ansfer to _			Pony Club
(If a transfer is refused a loccur before the transfer to	_	I must be sent to the mer	mber who w	ishes to transfer with	instructions deta	iling what must
Signed:		Position Held: _			_ Date:	
New Club Acce	ptance					
I		_as an authorised Clu	ub Official	of the		Pony Club,
ccept the transfer of the above-signed PCA NSW Club Member from the					Pony Club.	
Signed		Position Held:			Date:	
PCANSW Notifi Current Address			_		SW by new	zone)
			P/code			
Birth date PCA NSW Number:				_ Certificates Held	d (if any):	
Protocol						
Member contacts	the club thev w	ish to transfer to in o	order to e	nsure thev are a	ccepting new	members 2.
Member completes t	•			•		
copies to current zon						
zone. 6. New zone s					. •	
These procedures a	, ,			zones are awar	e of the memi	bers transfer.
			1	Date Received PC	A NSW:	