



CANADIAN PONY CLUB
ASSOCIATE MEMBERSHIP APPLICATION FORM

Please read this document carefully.
Revisions of any kind to the wording of this document are not permitted.

This application is for a: (Please check one):

BRANCH

RIDING CENTRE

REGIONAL

NATIONAL

Please print or type all information

Member Information: *NOTE: Legal Guardians must provide necessary documentation.*

Branch / Centre: _____ Region: _____

Last Name: _____ Given Name: _____

Maiden Name: _____ Pronouns: _____

Address: _____ City: _____ Province: _____

Postal Code: ____ - ____ Phone Number: ____ - ____ - ____

E-mail: _____

RIS #: _____ Police Check Complete? _____

Do you have a current Equestrian Canada Sport License? Yes No EC Number: _____

PTSO Membership Number: _____

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)	Farrier (Yes or No)	Other (Please specify)

Please indicate any roles either at Branch, Region or National Level that you will be holding this year. If you wish to use a different email address for any of them, please indicate that as well.

For full details of our privacy policy, visit our web site at www.canadianponyclub.org CPC will also send out newsletters and communications from time to time directly to our members.

Member's Signature Date

Application Accepted: _____
Signature Position Date
(DC, Regional Chair, etc.)