

The Sunnybrae Pony Club Inc.

APPLICATION FOR MEMBERSHIP/AGISTMENT

(this form can be used for renewals or new membership)

Please complete the following information. Rules, terms and conditions attached must be read, signed and returned with the amount payable. New members must be referred by financial member. Cheques should be made payable to "The Sunnybrae Pony Club Inc." and forwarded to:

**The Treasurer, Sunnybrae Pony Club Inc,
35 Angas Street, Alberton SA 5014..**

Please Print clearly.

SURNAME _____

GIVEN NAMES _____

OCCUPATION _____

DATE OF BIRTH _____ AGE _____

ADDRESS _____

POSTCODE _____

POSTAL ADDRESS (if applicable) _____

TELEPHONE HOME _____ WORK _____

EMAIL _____

REFERRED BY _____

MEMBERSHIP CATEGORY

VOLUNTEER _____ (No fee, no voting rights)

RIDING _____ SOCIAL _____

SUBSCRIPTION AMOUNT ENCLOSED \$ _____

HORSE/PONY NAME _____ AGE _____

SEX: _____ COLOUR _____

HEIGHT _____

VET CERTIFICATE RECEIVED _____ YES/NO

VET'S NAME: _____

Applicants Signature: _____

Referring Member Signature: _____

For Committee use only:

Fees paid	Yes	No	Date
Application approved	Yes	No	Date
Membership approved (3 months from application date)	Yes	No	Date