

## 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 DRANCH		ING CENTRE	C REGION	AL	C NATIO	NAL
Please print or type all	information					
Member Information	1		NOTE: Le	gal Guardians	must provide ne	cessary documentation
Branch / Centre:			Region:			
Last Name:		Gi	ven Name:			
Gender: C Male	C Female C Oth	er				
Address:			City:			_ Province:
Postal Code:		Phone Number: _				
E-mail:						
RIS #:	Police Check Complete?					
Do you have a current	Equestrian Canada S	Sport License? (	Yes 👩 No	EC	Number:	
PTSO Membership Nu	ımber:		_			
and regional affiliations wellevel. Please use the back o	•		•	ember, piease ii	ndicate your recoil	ection of your final test
Do you have any spec	ial equine related skill	ls which may be of	interest to the P	ony Club sucl	n as?	
Certified Instructor (Indicate level)	Certified Coach (Indicate Level)	Certified Official (Indicate level)	Veterinarian (Yes or No)	Farrier (Yes or No)	Other (Please spec	ifv)
( ) )	, , , , , ,				,	
For full details of our privacy directly to our members.	policy, visit our web site at	www.canadianponyclu	b.org CPC will also s	end out newslet	ters and communi	cations from time to time
Member's Signature			\\ Date	_		
Application Accepted	:					\ \
	Signature			Position (DC, Region	nal Chair, etc.)	Date