

The Connemara Pony Society of New Zealand Incorporated

Application for Membership

I / We/ Mr / Mrs / Miss / Ms

Wish to apply for membership to The Connemara Pony Society of New Zealand and agree to abide by its Rules and Regulations.

I / We agree / disagree to My / Our names being published in the membership list in any Society publication / newsletters.

Applicant's Address: _____

Telephone No: () _____ Fax No: _____

Email address: _____

Name of Junior rider under 18 years (if applicable): _____

Name of Connemara Pony/ Ponies owned/leased: _____

Please enclose membership application and payment to:

The CPSNZ Secretary,

Gloriann Mullen,

Brookside

RD 2 Leeston 7682

03 325 3253219 EMAIL: wembleybrook@scorch.co.nz

SUBSCRIPTIONS ARE DUE ON JANUARY 1st EACH YEAR

FEES:

Full Member: \$35

Family/Partnership Membership: \$35 (one vote)

Junior Member: \$15 (no voting rights)

Life Member: \$350

Associate Member: \$20 (no voting rights)