

Pony Club WA State Committee Zone Nomination Form



Before submission, please review Roles & Responsibilities of Committees laid out in the Pony Club WA Handbook, page 11, as well as clause 22 from the Pony Club WA Constitution defining the processes and principles in relation to governance, appointment, and duties of Committee Representative.

NAME OF ZONE	
We wish to nominate the following Representative/s to the Committee named below	
NAME OF COMMITTEE:	

FIRST PREFERENCE			
NAME OF NOMINEE:		PHONE:	
ADDRESS:		MOBILE:	
WWCC CARD #:		EXPIRY DATE:	
EMAIL:		SIGNATURE:	

NAME OF NOMINEE:		PHONE:	
ADDRESS:		MOBILE:	
WWCC CARD #:		EXPIRY DATE:	
EMAIL:		SIGNATURE:	

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ADDRESS:		MOBILE:	
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EMAIL:		SIGNATURE:	

NAME OF NOMINEE:		PHONE:	
ADDRESS:		MOBILE:	
WWCC CARD #:		EXPIRY DATE:	
EMAIL:		SIGNATURE:	

SIGNED: ZONE PRESIDENT	SIGNED: ZONE SECRETARY / COACH CO-ORDINATOR

Return to: sports@ponyclubwa.asn.au