



The Welsh Pony & Cob Society of N.Z. (Inc)

Secretary:
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Please complete and return to the Secretary.

Surname _____

First name _____

Postal address _____

Postcode _____

Telephone _____

Fax _____

Email _____

I hereby apply for membership of the Society and agree to abide by the Objectives, Rules and Regulations of the Society.

Signature _____

Date _____

Class of Membership
(Tick applicable box)

Life
 \$400

Annual
 \$40

Junior
 \$10

Prefix
 \$50

Name of Prefix _____

If this is a new prefix please include the \$50.00 fee.