



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

Secretary:

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Please complete and return to the Secretary.

Surname _____

(Mr. Mrs. Miss. Ms.)

(Please circle)

First names _____

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

Date of Birth (If under 19 years of age) _____

Name of Prefix _____

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