



## Membership Form for Riding Members, Adult Members and Technical Members

I wish to apply for membership of the \_\_\_\_\_ **Branch or Club** (Club with no Branches). In doing so, acknowledge that I am applying for membership of the \_\_\_\_\_ **Club** (if applicable) and of the \_\_\_\_\_ **Area** and of the New Zealand Pony Clubs Association Incorporated located at PO Box 7537, Taradale, Napier, 4141.

As a **Technical Member** I wish to apply for membership of the \_\_\_\_\_ Branch (if applicable) or the \_\_\_\_\_ Club (if applicable) or the \_\_\_\_\_ Area. In doing so, acknowledge that I am also applying for membership of the New Zealand Pony Clubs Association Incorporated located at PO Box 7537, Taradale, Napier, 4141.

*This form has been prepared to ensure compliance with the Privacy Act 1993 and the Incorporated Societies Act 1908. Please complete all spaces on the form for each person applying for membership. Failure to complete all spaces may result in refusal to accept membership. For more information please refer to the NZPCA Membership Regulation.*

1. MEMBERSHIP CATEGORY (All categories to complete)	
Riding Member under 18 years of age <input type="checkbox"/>	Riding Member 18 years and under 25 years of age <input type="checkbox"/>
Adult Member <input type="checkbox"/>	Current Life Member of a Branch <input type="checkbox"/> and/or a Club <input type="checkbox"/>
<b>Technical Member:</b> Appointed/elected as Coach <input type="checkbox"/> Technical Delegate <input type="checkbox"/> Judge <input type="checkbox"/> Examiner <input type="checkbox"/> Other: _____	

2. MY DETAILS (i.e. details of the individual applying for membership) (All categories to complete)	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Master <input type="checkbox"/> Dr <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname: _____	First Names: _____ <b>Riding member only</b> Date of Birth: ____/____/____
Address: _____	
Post Code: _____	Email: _____
Phone: Day: _____	Evening: _____ Mobile: _____
<b>Riding Member only: Certificate Level</b> (circle the highest attained) <input checked="" type="checkbox"/> for no certificate <input type="checkbox"/> D D+ C C+ B H A Riding A	
<b>Technical Member only:</b> Please provide details of the qualifications you currently hold that are relevant to your election/ appointment as a Technical Member. You can do this by either: providing the information below or providing the information in a separate sheet with this form.	
My qualifications are _____	

3. EMERGENCY CONTACT (All categories to complete)		
Surname: _____	First Name: _____	Relationship: _____
Phone: Day: _____	Evening: _____	Mobile: _____

4. MEDICAL CONDITION/S (All categories to complete)
<i>Please list any medical conditions that may impact on you when participating in Pony Club events and/or activities (e.g. epilepsy, asthma, allergies etc). Please read paragraph 6 (over page)</i>
<i>By signing this form you authorise the personnel appointed by the Branch, Club and/or Area to administer such first aid as it considers necessary.</i>

<b>5. COMMUNICATIONS</b> (Privacy – refer to paragraph 7 over page). I do not wish to receive any of the information specified in paragraph 7 (g) <input checked="" type="checkbox"/> <input type="checkbox"/>
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6. OTHER INFORMATION
<b>New Riding Members only:</b> How did you found out about Pony Club: Friend <input type="checkbox"/> NZPCA Website <input type="checkbox"/> Other: _____

7. MEMBER DECLARATION (All categories to complete except for Riding Members under 18 years of age)
I have read and consent to the membership declaration (over page).
<ul style="list-style-type: none"> <li>• <b>18 years and under 25 years of age</b> - I acknowledge that I am the Person Responsible for any horse that I ride during Pony Club Events and/or Activities.</li> <li>• <b>Adult Member</b> I acknowledge that I am the Person Responsible for any horse that I ride during Limited Pony Club Events and/or Activities.</li> </ul>
Signature: _____ Date: ____/____/____

8. PARENT/GUARDIAN/CAREGIVER CONSENT		
I am the <b>parent/guardian/caregiver</b> of the applicant who is <b>under 18 years of age</b> . I have read and understand this form and the Membership Declaration. I consent to the applicant's application for membership on the basis set out in this form and the Membership Declaration. I also consent, or am authorised to consent, to the emergency contact details specified in this form being held by the Branch, Club, Area and NZPCA for the purposes of contacting the person(s) named in an emergency. I acknowledge that because the applicant is under 18 years of age, when I am present at a Pony Club Event and/or Activity in which the applicant is participating in, I am the Person Responsible for any horse that the applicant rides at a Pony Club Event and/or Activity. I also acknowledge that, unless I am already a Member of NZPCA, I must complete a Membership Form for Riding Members, Adult Members and Technical Members.		
Signature: _____ Date: ____/____/____		
Surname: _____	First name: _____	Mobile: _____
Phone: Home: _____	Work: _____	Email: _____

9. NZPCA USE ONLY	
NZPCA Officer: _____	Entered on Database on: _____



## MEMBERSHIP DECLARATION

1. **Accuracy:** The details set out in this Membership Form are true and correct. If they change I acknowledge that I am required to notify the Branch, Club or Area of the changes in writing as soon as possible after they occur. If the details provided are not true or are misleading I acknowledge my membership may be terminated at the discretion of the Branch, Club, Area or NZPCA.
2. **Bound by Rules:** I will be bound by the constitutions, regulations, policies, manuals, and reasonable directions of the Branch, Club, Area and NZPCA.
3. **Accept Risk of Pony Club Events and Activities:** I have voluntarily accepted and assumed the inherent risk of danger and injury in Pony Club Events and Activities.
4. **No liability:** I will not hold the Branch, Club, Area or NZPCA or their respective officers responsible for any claims, losses and expenses and costs (including legal costs) which may arise from or in connection with my membership and/or participation in any activity authorised or recognised by the Branch, Club, Area or NZPCA except in the case of gross negligence or a wilful act or omission on the part of the Branch, Club, Area or NZPCA.
5. **Indemnity:** I indemnify the Branch, Club, Area and NZPCA from all claims, losses and expenses (including legal costs) suffered or incurred at any time as a result of, or resulting directly or indirectly from, my failure to observe the constitutions, regulations, policies, manuals, guidelines and reasonable directions of the Branch, Club, Area and NZPCA respectively.
6. **Medical Declaration:** I am medically and physically fit and do not suffer from any injury, disease or condition (either physical or mental) that would affect my ability to safely participate in any authorised or recognised activities of the Branch, Club, Area or NZPCA. If I am unsure about this declaration, or suffer from such a condition I have either listed it on this form or I am aware that I must bring it to the attention of the Branch, Club, Area and NZPCA.
7. **Privacy:** I agree that the Branch, Club, Area and NZPCA can collect, hold, use and disclose my personal information as provided on this Form (and any updated or additional personal information the Branch, Club, Area or NZPCA obtains from me (including any photo or other record of my image) for the purposes of:
  - a) processing my application for membership including notifying the Branch, Club, Area and NZPCA of the information on this form for the purposes of the Branch, Club, Area and NZPCA compiling a register of members, compiling a national database of members (accessible only in accordance with the Constitution and Regulations of NZPCA), and for requesting me to renew if my membership lapses;
  - b) putting my name and contact information on the Branch, Club and Area's membership list for use by other members of the Branch, Club and Area;
  - c) publishing any of the Pony Club Events and Activities results in the Branch, Club, Area and/or NZPCA's newsletters and on their websites;
  - d) selecting and publicly naming competitors and teams to represent the Branch, Club, Area and NZPCA in Pony Club Events and Activities;
  - e) providing me with information and activities relating to the Branch, Club, Area and NZPCA and other Pony Club Event and Activity matters;
  - f) including my photograph or other imagery on the Branch, Club, Area and/or NZPCA website, in newsletters, annual reports, or similar official publications;
  - g) enabling the Branch, Club, Area and NZPCA to contact me with information about the products and services of sponsors or funders of the Branch, Club, Area or NZPCA (unless I opt out of receiving such information);
  - h) enabling the Branch, Club, Area and NZPCA to comply with any statute, regulation, by-law or other regulatory instrument that requires collection or disclosure of personal information;
  - i) retaining the information provided on this form if my membership lapses (as an inactive member) for a maximum period of three (3) years for the above purposes;
  - j) enabling NZPCA to receive and consider the results of a Police Check, to inform relevant persons of any direction or decisions made regarding my suitability for a role as a result of that Police Check, and enabling NZPCA to determine whether: I am appointed; will continue; or may be terminated as a Member of NZPCA; and
  - k) any other purpose I agree to in writing.
8. **Use, Security and Access:** I understand that my personal information will only be used for the purposes listed in paragraph 7 above and in accordance with the NZPCA Constitution and Regulations, and that:
  - a) my personal information will be held securely;
  - b) I will have access to my personal information under the Privacy Act; and
  - c) my personal information will be corrected upon request.
9. **Continued Membership:** I understand that upon payment of my membership fee(s), if I am accepted to membership, I will become a member of the Branch (if applicable), Club, Area, and NZPCA and that by paying such fee(s) by the due date(s), I will continue to be a member of the Branch (if applicable), Club, Area and NZPCA for the duration of my membership as specified in accordance with the NZPCA Constitution, unless I resign or my membership is terminated.
10. **Interpretation:** Every reference to "I" and "my" in this document includes the applicant and the parent/guardian/caregiver of the applicant (if applicable).

*Copies of constitutions, regulations, policies and manuals of the Branch, Club, Area and NZPCA can be obtained by contacting your Branch, Club, Area or NZPCA via <http://www.nzpca.org/>*