



*The Welsh Pony and Cob Society of South Africa*  
*Die Walliese Ponie en Cob Genootskap van Suid Afrika*

Phone: 012 668 1003

P O Box 1029

Halfway House 1685

**APPLICATION FOR MEMBERSHIP**

I, .....  
(Full name in block letters please)

Address .....

Postcode .....

Phone (home) ..... (work) .....

Cell No. .... e.mail .....

hereby formally apply to become a member of the Welsh Pony & Cob Society of South Africa. I undertake to conform to the Rules, Regulations and Byelaws of this Society.

Signature ..... Date .....

**Type of Membership (please tick):**

- Senior (individual)
- Junior membership (under 18 - no voting rights)
- Associate membership (receives all mail - no other rights)
- Husband & wife or partnership (treated as two voting members)
- Family membership (one parent and children)
- Family membership (two parents and children)
- Stud membership or partnership (treated as one voting member)

**Junior members:**

Name ..... Date of birth .....

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Children may only be included in a family membership if they are under 18.

If the applicant is an individual junior (not part of a family membership), the signature of a parent/guardian is required on this application.

One month's written notice is required to terminate membership. Outstanding fees must be paid in full.

Signature of parent/guardian .....

**Please attach a list of your purebred and partbred ponies, stating their full names and registration numbers.**