Mangere Branch of Auckland District Pony Club

Grazing Application 2011/2012

New Member ☐

Existing Member ☐

(Please tick one)

Name: _____

I have a (tick): Mare ☐

Gelding ☐

I have a (tick): Pony ☐

Horse ☐

Show Name: _____

Paddock Name: _____

Height: _____ Age: _____

I agree to be bound by the provisions of the Grazing Bylaws (as provided), that I have read and understood, and wish to apply to the Mangere Branch of Auckland District Pony Club for grazing on such terms and conditions.

I am willing to be placed on the waiting list if necessary. Yes / No

Signed: _____ Date: _____

Associate Member/Adult Riding Member

Office Use Only (3 copies: Secretary, Grazing Manager, Treasurer)

Date Received: _____ Received By: _____

Grazing: ACCEPTED / DECLINED AP set up: _____