

Membership Application 2015
Mail Form to: Paula Dalgarno 125 Hazlewood Dr.,
Whitby, ON L1N 3L7

All cheques should be made payable to the WELSH PONY AND COB ASSOCIATION OF ONTARIO.

Full Name			
Farm Prefix			
Farm Name			
Street Address			
City			
Province		Postal Code	
Country			
E-mail address			
Telephone			
Fax			
- W-1			
Membership Typ	e		
[] Family ((\$60) – List All Names:		
(A family	is comprised of 2 adults and related	d children under the age	of 18 years.)
[]	Max 2 Adults – List Names		
[]	No. of Children – List Names	_	
[] Individu	nal (\$35)		
[] Illaiviat	iai (\$55)		
[] Junior –	- 18 or younger (\$20)		
1 OEF	member (Y/N) No. o	f OEF Members in H	ousehold
. ,	` , ' , ' , ' , ' , ' , ' , ' , ' , ' ,		ousenoid
OEF Numb	er (s):		
How many Welsh	ponies or cobs do you own?		
Section A	Section B	Section C	<u> </u>
Section D _	Half-Welsh		
with respect to their perinformation you provide and activities and to not a member, requesting a permission to contact <i>IMPORTANT</i> – Published	The Welsh Pony and Cob Association ersonal information and are committed de – such as your name, address, etc. – otify you of issues, events or special of information or registering for events or you. Cross out this entire paragraph blicity Agreement: I hereby give permis rticles, media releases, advertisements	I to ensuring the privacy of allows the WPCAO to in- fers which may be of inter- recourses offered, you are a if you do not wish to gi sion to the WPCAO to us	f their members. The form you about events est to you. By becoming giving the WPCAO we permission.
I have read and	understand the terms of this	membership applic	cation:
0'			
Signature:	Jult signature if applicant is a mino	r) Print Nan	ne if other than above
(10	ant digitatore il applicant is a milit	i i i i i i i i i i i i i i i i i i i	io ii otiloi tilali above