

The Haviland Club

Membership Application

I/we hereby apply for Haviland Club Membership:

Applicant Name (Please Print)	Occupation
Email address (please print carefully)	
Preferred Phone Number	Alternate Phone Number
Signature	
Partner Applicant Name	Occupation
Email address (please print carefully)	
Preferred Phone Number	Alternate Phone Number
Signature	
Address	
City/Community	Postal Code
Sponsoring Member	Sponsoring Member
Member Type Regular <input type="checkbox"/> Pond <input type="checkbox"/> Out of Province <input type="checkbox"/>	
Date of Application	Fee

2 Haviland Street Charlottetown, PE C1A3S6
thehavilandclub@gmail.com ~ 902-894-4421