



**CANADIAN
HANOVERIAN
SOCIETY**

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name: _____

Address: _____

City/Town: _____ Postal Code: _____

E-Mail: _____

Phone Number: _____

Western Club

Eastern Club

Cost: \$50

Signature _____

Date _____

*Payable by Cheque made out to: Hanoverian Breeders Club of Eastern Canada
or etransfer to: hoskingu@gmail.com*