



MEMBERSHIP APPLICATION FORM

(A) PARTICULARS OF SOCIETY/BODY

Name of Organization:	Telephone: Fax:	Email:
Mailing Address: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> City: Country: </div>		
Type of Society/Body (Please tick one) <input type="checkbox"/> National Philatelic Society <input type="checkbox"/> Postal Administration <input type="checkbox"/> Representative Philatelic Body <input type="checkbox"/> Others: please give details _____ Date of Society/Body founded _____		

(B) CONTACT PERSON

Name: Dr/Mr/Ms	Telephone: Fax:	Email:
Mailing Address: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> City: Country: </div>		
Status of relationship to the applying organization <input type="checkbox"/> President of the Association/Federation <input type="checkbox"/> Postmaster General <input type="checkbox"/> Secretary General <input type="checkbox"/> Others: please state _____		

(C) OFFICE BEARERS (List only EXCO Members) Total number of members: ()

Note: Kindly submit Statues of Society / Body in English along with this application form.

Signature / Name / Title of Applicant