



MEMBERSHIP APPLICATION FORM

(A) PARTICULARS OF SOCIETY/BODY

Name of Organization:	Telephone:	Email:
	Fax:	
Mailing Address:		
City:		Country:
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:	Email:
	Fax:	
Mailing Address:		
City:		Country:
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