



www.sliemastampshop.com.mt/MaltaPhilatelicSociety

MPS@sliemastampshop.com.mt

MEMBERSHIP APPLICATION FORM

Title _____ First Name _____ Surname _____

Date of Birth _____

House Name/Number _____

Street _____

City/Town _____

Country _____

Post Code _____

Telephone(incl. International Code) _____

Email _____

Interests and Associations _____

Collecting Interest: _____

Membership in other Philatelic Associations (Societies):

I am a Member in good standing of other Philatelic Associations (Societies).

I have no objection that the Malta Philatelic Society contacts the listed Association(s) in my regard should it deem fit to do so.

(enter name and membership number)

I am a Philatelic Dealer and I am also a Member in good standing of the following Philatelic Traders Association(s). I have no objection that the Malta Philatelic Society contacts the listed Association(s) in my regard should it deem fit to do so.

(enter name and membership number)

"I have verified the above statements and hereby apply for admission as a Member of the Malta Philatelic Society."

Signature