

**Membership Application SWISS AERO-PHILATELIC SOCIETY (SAV)**

|  |  |
| --- | --- |
| Name: |       |
| First Name: |       |

|  |  |
| --- | --- |
| Date of Birth: |       |

|  |  |
| --- | --- |
| Street and Number: |       |
| Zip-Code and City: |       |

|  |  |
| --- | --- |
| Telephone: |       |
| Mobile: |       |

|  |  |
| --- | --- |
| E-mail: |       |

|  |
| --- |
| What are the aerophilatelistic areas you are interested in (please describe): |
|       |

|  |
| --- |
| Membership and / or activities in other philatelic societies: |
|       |

|  |  |
| --- | --- |
| [ ]  | I would like to become a member of the SAV. |

|  |  |
| --- | --- |
| [ ]  | I am interested to participate in the new edition service. |

|  |  |  |  |
| --- | --- | --- | --- |
| date: |       | signature: |       |

Please send the application to: