

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

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

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

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

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

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

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

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| --- |
| 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: