



## **ACADEMIA FALERÍSTICA DE PORTUGAL**

### **Application Form**

Applications for Membership are made to The Secretary at the address below, or sent by e-mail, together with a Bank Transfer Order on behalf of A.F.P.

I hereby apply for membership to the *Academia Falerística de Portugal* (AFP) and agree to observe the statutes and rules of the Academy. In particular, I will not act in any manner or engage in any activity, which is likely to be prejudicial to the good name of the Academy, and I will behave responsibly and honestly in all dealings, exchanges and communications, whether written or verbal, with other members.

I give my permission to the Academia Falerística de Portugal (AFP) to retain my details on its membership database.

Surname:

Name:

Address:

Post/Zip Code:

Country:

State:

Private Phone:

Mobile:

Office Phone:

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Passport #:

Profession/Occupation:

Nationality:

Relevant interests:

The Secretary – Mr. Paulo Jorge Estrela  
Apartado 26 – Loja C - TT Costa de Caparica  
2826-901 Costa de Caparica - PORTUGAL



## **ACADEMIA FALERÍSTICA DE PORTUGAL**

Are you a dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a collector? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Phaleristic Societies Memberships:	
For subscription and mailing purposes membership details are held on the database. The Academy will not pass details from this database to a third party.	
<b>AFP CORRESPONDENT MEMBERSHIP (resident outside Portugal):</b>	
<b>REGISTRATION FEE</b>	€ 50.00
<b>ANUAL SUBSCRIPTION FEE (due in January)</b>	<u>€ 40,00</u>
<b>Total due:</b>	<b>€ 90,00</b>
The <b>Medal of Academic</b> with case:	€ 45.00 + shipping (varies with country)
<b><u>Payment by Bank Transfer Order:</u></b>	
<b>Bank Name:</b> Caixa Geral de Depósitos – Agência de Alcântara	
<b>Address:</b> R. Prior do Crato, 70 A, 1350 - 262 LISBOA * Tel: + 351 213920250	
<b>Account name:</b> Academia Falerística de Portugal	
<b>IBAN:</b> PT 500035 0027 0008 3735 3306 3	
<b>SWIFT CODE:</b> CGDIPTPL	
Please notify the Secretary: <a href="mailto:acd.faleristica@spao.pt">acd.faleristica@spao.pt</a> .	
Alternatively you can complete the form, send it by e-mail and <u>pay through our</u> <b>PayPal</b> account: <a href="mailto:acd.faleristica@sapo.pt">acd.faleristica@sapo.pt</a>	

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Signature)

The Secretary – Mr. Paulo Jorge Estrela  
Apartado 26 – Loja C - TT Costa de Caparica  
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**ACADEMIA FALERÍSTICA DE PORTUGAL**

**Admission supporters**

(art. 2º, nos. 4 e 5 of the Internal Regulations)

I hereby declare to support the request for admission as correspondent member of the Portuguese Phaleristics Academy made by F. \_\_\_\_\_

Since he meets all the conditions required by the Academy's Statutes and Internal Regulations.

Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signatures)

The Secretary – Mr. Paulo Jorge Estrela  
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