



MEMBERSHIP APPLICATION FORM

INTERNATIONAL ESTONIAN PHILATELIC SOCIETY
„ESTONIA“

Website: www.refs.ee, E-mail: info@refs.ee

Mr. Mrs. Surname Forenames

I would like to become the member of IEPS ESTONIA

Home Address:

Country: Post/Zip Code:

Contact phone: e-mail:

Date of Birth:

Signature:

Signed digitally (Estonian ID card only)

Collecting Interests:

Other Philatelic Memberships:

Please return the completed application form to e-mail: **info@refs.ee**

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