

# STAMPA Competition Entry Form

Please complete in Block Capitals and return by **Monday 18<sup>th</sup> September**, together with a copy of the Introductory/Plan page to:

**STAMPA, PO Box 12624, Rathfarnham, Dublin 16, Ireland**

Surname ..... Address .....

First Name(s) .....

Pseudonym .....

Telephone ..... E-mail .....

**Title of Exhibit:** .....

**Brief Description of Exhibit** (*for Catalogue*) - **Not the Title, which should be entered above**

**Class – Tick as appropriate**

**Previous Awards for this exhibit**

Traditional	<input type="checkbox"/>	Postal Stationery	<input type="checkbox"/>	International .....
Postal History	<input type="checkbox"/>	Picture Postcard	<input type="checkbox"/>	.....
Thematic	<input type="checkbox"/>	Maximaphily	<input type="checkbox"/>	.....
Revenue	<input type="checkbox"/>	One Frame*	<input type="checkbox"/>	National .....
Aerophilately	<input type="checkbox"/>	Literature/CD/DVD	<input type="checkbox"/>	.....
Open Philately	<input type="checkbox"/>	Novice	<input type="checkbox"/>	.....

\* For the One Frame Class, please indicate the relevant category - traditional, postal history, thematic, revenue, aerophilately, open philately, postal stationery or picture postcard.

One Frame Class Category: .....

**Member of STAMPA ?** Yes  No  **Plan included ?** Yes

I agree to be bound by the STAMPA Regulations

Signed: ..... Date: .....

Number of frames requested	Rate per frame (see regulations)	Total enclosed

**Only entry forms with payment will be accepted. SEE OVERLEAF FOR DETAILS.**

# ***STAMPA***

Payment can be made by cash, cheque drawn in euro on an Irish bank, dollar or sterling cheque, Mastercard or Visa. If paying by credit card, please give cardholder's name, full number, expiry date and three-digit security code.

**Please give appropriate details here unless  
already included with membership form**

**Card Type:**                    Mastercard                     Visa

**Amount (Euro):** .....

**Card Number:** .....

**Security Code:** .....

**Expiry date:** .....

**Cardholder's Name (if different):**

.....

**Address (if different):**

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.....

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**Signature:** ..... **Date:** .....

**Remember to include a copy of your Introductory/Plan Page**