



FEDERATION OF INTER-ASIAN PHILATELY
APPLICATION FOR FIAP CROSS ACCREDITATION

Given name of applicant _____ Family name of applicant _____

Mailing Address: _____

Telephone (Office): _____ (Home): _____ (Mobile): _____

Email: _____

QUALIFICATIONS

(Please indicate your best result for each Exhibit in the Class you wish to be cross accredited – minimum a vermeil award)

Class	Title of Exhibit	No of Frames	Award	Exhibition

FIAP JURY SERVICE

(Please indicate where and the class you served as juror – minimum three times)

Year	Name of Exhibition	City/Country	Class	Team Leader

CROSS ACCREDITATION IN DESIRED CLASS

(Please indicate in which class you would like to be cross accredited)

Traditional	Postal History	Postal Stationery	Aerophilately	Astrophilately	Thematic
Maximaphily	Revenue	Youth	Literature		

ATTENDED FIAP QUALIFYING SEMINARS IN THE DESIRED CLASS

Seminar (Subject)	City	Exhibition	Year	Organised by

APPLICATION THROUGH THE NATIONAL FEDERATION

Name of National Federation _____

Name & Title of Officer _____

Date _____ Signature _____

PREFERRED EXHIBITION FOR CROSS ACCREDITATION _____

Date _____ Signature of applicant _____