

PHILATELIC ALTERNATIVES APPROVAL SERVICE REQUEST [Please Fill In All Information Below and Type or Print Clearly]

NameAddress	
Post Code_ [OUTSIDE THE CONTINENTAL U. S. ONLY]	ountry
Email or Phone Number [In Case We Need To Contact You About Your Order ~ EMAIL ADD	DRESS REQUIRED FOR ALL NON-U.S. ACCOUNTS.]
My Age is: Occupation	:
ten days of receiving them. Signature: [Parent or Guardian's Signature for App	Date:
I Am Particularly Interested in C [Check All That Apply]	Collecting:
 ☐ Singles ☐ Se-Tenant Pairs/Blocks ☐ 4-Blocks / Plate Blocks ☐ Strips incl. printer marks ☐ Souvenir Sheets 	 ☐ Full Sheets of Philatelic Alternative Stamps ☐ Alternatives First Day of Issue Covers ☐ Alternative/Postal Collectible Covers ☐ Album Pages: Relevant to Specific Stamps ☐ Other Collectibles That Include Alternatives
I Am Interested In The Following	g Topics/Subjects On Stamps:
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REMARKS or Special Requirements: