20 EYLÜL 2020 ( PAZAR )

KADIKÖY FİLATELİSLER DERNEĞİ

VİŞNE SOK. NO:16-1 ALTIYOL / KADIKÖY / İSTANBUL

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Soyadı : ……………………………………………............................Adı:………………………………………………………………………………..

Adres : …………………………………………………………………………………………………….............................................................

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Şehir : …………………………………………………………………Telefon : ……………………………………………………………………………...

2 Hafta süre içerisinde Dernek’ te olacağım.

Adresime postalayınız.

İmza : ……………………………………………………………

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