



Association des Professeurs de Français de Malte

MEMBERSHIP FORM

Name and Surname:	
Already member of APFM:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:	
ID No:	
Contact number / Mobile:	
E-mail:	
Name of current school:	

- Membership Teachers - 1 scholastic year (2023 - 2024) - 15€
- Membership Teachers - 2 scholastic years (2023 - 2025) - 25€
- Membership University Student Teachers - 1 scholastic year (2023 - 2024) - 10€
- Membership Retired Teachers - 1 scholastic year (2023 - 2024) - 10€

Payment may be effected via any one of the following options (please tick as appropriate) :

- cheque sent to APFM, 19 Triq San Lucjan Zejtun ZTN 1831
- Revolut to 99857481 BOV Mobile App to 79062856
- bank transfer using the details below:

Beneficiary name: APFM

Bank: Bank of Valletta

Account No: 40017798404

IBAN: MT13VALL22013000000040017798404

Transaction details : your Full Name, address, ID no, email address and contact number

Please fill out this form and send it along with the payment (cheque) or forward a scanned/ digital copy to apfmalte.inscription@gmail.com (Revolut/ BOV mobile app, bank transfer) by not later than the end of October.