



THE FINNISH VETERINARY ASSOCIATION
SOCIETAS VETERINARIORUM FINLANDIAE

FINNISH VETERINARY ASSOCIATION
MEMBERSHIP APPLICATION

I apply for the membership of the Finnish Veterinary Association

Qualified membership
(rights to practice)

Licensed
5th year
6th year
7th year

Studental membership
(no rights to practice)

1st year
2nd year
3rd year
4th year
5th year

Other, what _____

Name (all first names)

Social security number

Address

Post code

Post office

Phone number

E-mail

Additional information:

Licensed ____ / ____ 20 ____

Date of obtaining practicing rights ____ / ____ 20 ____

- student (5th, 6th or 7th year)

Studying where? _____

Date and signature