



## THE FINNISH VETERINARY ASSOCIATION

### MEMBERSHIP APPLICATION

I apply for the membership of the Finnish Veterinary Association

#### Qualified membership

(rights to practice)

- Licensed
- 5<sup>th</sup> year
- 6<sup>th</sup> year
- 7<sup>th</sup> year

#### Studental membership

(no rights to practice)

- 1<sup>st</sup> year
- 2<sup>nd</sup> year
- 3<sup>rd</sup> year
- 4<sup>th</sup> year
- 5<sup>th</sup> 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 (5<sup>th</sup>, 6<sup>th</sup> or 7<sup>th</sup> year)

Studying where? \_\_\_\_\_

\_\_\_\_\_  
Date and signature