



MEMBERSHIP APPLICATION

I apply for the membership of the Finnish Veterinary Association

**Qualified membership
(rights to practice)**

- Licenced
- 5th year
- 6th year
- 7th year

Other, what _____

**Studental membership
(no rights to practice)**

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

Family name _____

First name (all names) _____

Social security number _____

Address _____

Post code _____

Post office _____

Phone number _____

E-mail _____

I apply for the membership

____ / ____ 20 ____ or

I have previously been a
member and am rejoining

to begin with the next board meeting of FVA

NOTE! The membership fee has to be paid even if the membership begins
in the middle of the year.

Additional information:

Licensed ____ / ____ 20 ____ Veterinary number _____

Degree obtained from what university and in what country? _____

Date of obtaining practicing rights _____
- student (5th, 6th or 7th year)

Studying where? _____

Date and signature