

**A**nsökan om medlemskap i **F**inlands **s**venska **s**ocial**f**örbund (FSSF)

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| **Namn** | Födelsetid |  |
| Näradress | Postkontor |  |
| Telefon |  |  |
| E-post |  |  |
| Utbildning |  |  |

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| Arbetsplats | Titel |  |
| Adress | Telefon |  |
| E-post |  |  |

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Jag önskar få Medlemsbrevet ⬜ elektroniskt per e-post ⬜ i pappersform per post

Annat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Plats och tid

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Underskrift Insänds till kansli@fssf.fi

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