

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

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

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

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

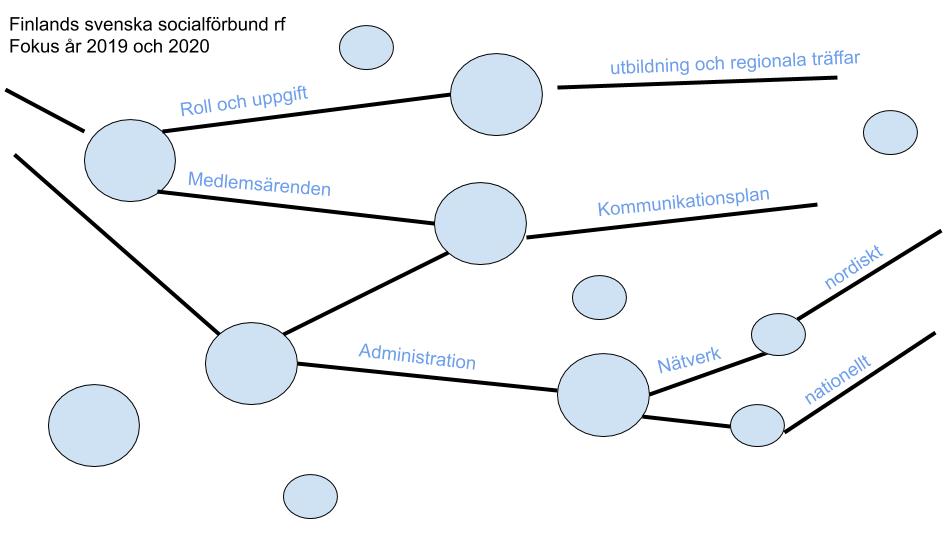
Annat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ / \_\_\_ 20\_\_\_

Plats och tid

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Underskrift Insänds till kansli@fssf.fi

****