**Finnish Psychiatric Association**

# **Application form for membership**

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| **Name:** | | | |
| **Date of birth:** | | | |
| **Education:** | | | |
| **Licenced doctor in Finland**  **Year of the licensing:** | | | |
| **Medical student\***  **Year:** | | | |
| **Other than Finnish citizen**  **Please provide us with further information of your studies and licensing:** | | | |
| **Position/University:** | | | |
| **Address:** | | | |
| **Phone number:** | |
| **Email:** | | | |
|  |  |  |  |
| **Date and signature:** | | | |

\*We kindly ask medical students to attach transcript of records. Please note that we have security email for documents with personal data: <https://www.turvaposti.fi/viesti/secure@psy.fi>

Please send your membership application form attached to an email to [psy@psy.fi](mailto:psy@psy.fi), thank you.