**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](https://www.turvaposti.fi/viesti/secure%40psy.fi)

Please send your membership application form attached to an email to psy@psy.fi, thank you.