



## APPLICATION FOR FRIEND CARD

Please answer all the questions  
and include a photo of yourself that shows face clearly.  
Send application to this address:

**Ystävänkortti Toiminta**  
**Kauppaneliö 13 H 8**  
**60120 SEINÄJOKI**

Yes, I would like to have a friend card, because:

1. My name is: \_\_\_\_\_

2. My first language is: \_\_\_\_\_

3. My social security number is: \_\_\_\_\_

4. My address is: \_\_\_\_\_  
(Street address, postal code and city)

5. My place of residence is: \_\_\_\_\_

6. My phone number: \_\_\_\_\_

7. Additional phone number: \_\_\_\_\_

Number belongs to  mother  father  assisted living buildings staff

someone else, who? \_\_\_\_\_

8. My email address is: \_\_\_\_\_

9. Additional email: \_\_\_\_\_

Email belongs to  mother  father  assisted living buildings staff

someone else, who? \_\_\_\_\_

10. My diagnosis is  intellectual disability  autism  developmentally delayed

I give my consent for Ystävänkortti Toiminta to handle the information I have given in my application.  
(The card can not be granted if the information is not given)

**PLEASE TICK THE BOX!**

Signature

Date

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

