



## 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**

Name: \_\_\_\_\_

First language: \_\_\_\_\_

Social security number: \_\_\_\_\_

Street address: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Place of residence: \_\_\_\_\_

Phone number: \_\_\_\_\_

Additional phone number: \_\_\_\_\_

Number belongs to: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail belongs to: \_\_\_\_\_

My diagnosis is:  intellectual disability  developmental delay

(Developmental delay means delay of intellectual functions.)

Would you like to have a printed list of service providers mailed to you yearly (In Finnish)? (You can also find our service providers on our website: [www.ystavankortti.fi/en/service-providers/](http://www.ystavankortti.fi/en/service-providers/))  yes  no

I give my consent for Ystävänkortti Toiminta to handle the information I have given in my application.  
(The card cannot be granted if the consent is not given. **PLEASE TICK THE BOX!**)

Signature

Date

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

