INVALIDI LIITTO

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Member information

First name .....

Surname .....

Date of birth ..... Telephone number .....

Email .....

Sex ○ male ○ female ○ other

Language ○ Finnish ○ Swedish ○ English ○ other

Billing method ○ paper bill ○ email invoice

Mailing address

Street address .....

Zip code ..... Post office .....

Municipality of residence ..... Provence .....

Member information

Association I want to become a member of .....

Membership fee is determined by the member association.

Member type ○ actual member ○ supporting member

○ I wish to receive IT-magazine as a member benefit ○ I do not wish to receive IT-magazine

Different billing address (will be filled in if the billing address is different from the address above)

○ The payer is an organization

First name .....

Surname .....

Street address .....

Zip code ..... Post office .....

Email .....

Billing method ○ paper bill ○ email invoice

CONSENT AND SIGNATURE

I consent to the storage of the above-mentioned personal data in the register of the member association and the Finnish Association of People with Physical Disabilities and to the use of the data in mutual communication and as statistical material. We process data confidentially, in accordance with the EU General Data Protection Regulation, other applicable legislation and the privacy policy of the member association and the Finnish Association of People with Physical Disabilities (see www.invalidiliitto.fi). I have the right to cancel the processing of this data by notifying the association or the Finnish Association of People with Physical Disabilities in writing. On behalf of a child under the age of 13, the application is confirmed by a guardian.

Date and place ..... **Signature** .....

turn ➤

INVALIDI LIITTO

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Voluntary information about membership

Primary aids

- ○ cane
- ○ crutches
- ○ prosthesis
- ○ wheelchair
- ○ walker
- ○ electric moped
- ○ electric wheelchair

Interests

- ○ accessibility
- ○ rare diseases
- ○ experiential activities
- ○ education
- ○ women's activities
- ○ youth activities
- ○ employment and entrepreneurship
- ○ advocacy activities
- ○ peer support

My functional capacity or participation limitation is

○ caused by an accident ○ caused by disease ○ inborn

Primary diagnosis that causes functional and participation limitations

.....

.....

Primary reason for joining (choose one)

- ○ I am physically disabled or disabled person
- ○ I am relative or close relative of a physically disabled or disabled person
- ○ I want to promote the realisation of the mission statement of the Finnish Association of People with Physical Disabilities and its member accociations, and I accept the purpose and rules of the association

Additional information

.....

.....

CONSENT AND SIGNATURE

I give my consent to the Finnish Association of People with Physical Disabilities to store the above health-related data in accordance with Articles 5, 7 and 9 of the EU General Data Protection Regulation. I am aware that I have the right to cancel the processing of this data by notifying the Finnish Association of People with Physical Disabilities in writing. On behalf of a person under the age of 13, consent is confirmed by a guardian.

Date and place ..... **Signature** .....