



UPDATE OF MEMBERSHIP INFORMATION

Full name: _____

Residence: _____

Address: _____

Postal code and city: _____

Company/organization: _____

Company/org. postal
address: _____

E-mail: _____

Phone: _____

Fax: _____

Date of birth: _____ . _____ . 19 _____

Member letters and other material may be delivered to me by e-mail to the address above

Disclosure of contact information

My contact information may be disclosed based on a separate decision of the Board of the association for training/education related purposes and for comparable communication purposes related to the purposes of the association under the rules of the association.

My contact information may not be disclosed.

Disclosure of contact information may be forbidden by the member at any later date by notifying the secretary of the association.

Place and date: _____

Signature and
clarification of name: _____

Please send back the filled form to johanna.sandberg@hhpartners.fi or by fax: 09 653 873