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**Membership application for University of Tartu master's and doctoral students**

**FIRST NAME(S):**

**SURNAME:**

**PERSONAL IDENTIFICATION CODE:**

**E-MAIL ADDRESS:**

**PHONE NUMBER:**

**PROGRAMME AT THE UNIVERSITY OF TARTU:**

**YEAR AND STUDY LEVEL:**

**I hereby confirm that I have read the Statute of the University of Tartu Faculty Association and wish to apply for membership:**

**Signature: Date:**

*digitally signed*