Anmälningsblankett

Kölista till Stiftelsen Västgötagårdens studentbostäder

|  |  |
| --- | --- |
| Date | Semester you became member of VG |
| Name | Date of birth |
| Current street adress |
| Postal code | City |
| E-mail |
| Phone-number |  |

Please note that it is your responsibility to report any changes in the information give above.