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.