



The Norwegian Professional Council for Education and
Certification of Inspectors for Surface Treatment

APPLICATION FOR MEMBERSHIP

Company: _____ Trade: _____

Address: _____

_____ Phone: _____

Contact: _____ E-mail: _____

We hereby apply for FROSIO membership in accordance with FROSIO by-laws.

Resignation shall be given in writing.

Yearly membership fee:
Please mark the right

- | | | |
|----------------------------|--------------------------------|--------------|
| <input type="checkbox"/> A | Associations: | NOK 40.000,- |
| <input type="checkbox"/> B | Companies > 200 employees: | NOK 20.000,- |
| <input type="checkbox"/> C | Companies 50< employees < 200: | NOK 10.000,- |
| <input type="checkbox"/> D | Companies 10< employees < 50: | NOK 3.500,- |
| <input type="checkbox"/> E | Companies 1< employees <10 | NOK 1.750,- |

Date: _____

Signature and company stamp