

APPLICATION FOR MEMBERSHIP

Company:	
Address:	
Trade:	
Contact person:	
Phone:	
E-mail:	

We hereby apply for FROSIO membership in accordance with the FROSIO By-Laws.

Yearly membership fee:

Please mark the correct box:

- | | | | |
|----------------------------|--------------------------------|-----|--------|
| <input type="checkbox"/> A | Association | 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 |

Resignation of the membership must be given in writing.

Date: _____

Signature and company stamp

Send application form by e-mail to: frosio@frosio.no