



Georange Serviceaktiebolag
Gymnasievägen 16
931 57 Skellefteå

APPLY FOR MEMBERSHIP

We hereby apply for membership for Georange non-profit organization.

Organization:

Address:

ZIP code, City:

Contact person:

Phone:

E-mail:

Billing address if other than above:

Date: _____

Signature

Your name in block letters below
