四川省抗癌协会单位会员入会申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | 邮编 | |  |
| 法人代表 | | 姓名 | | | | 性别 | | | 出生年月 | | 党派 | | | 职务 | 职称 | | 协会任职情况 |
|  | | | |  | | |  | |  | | |  |  | |  |
| 电话 | |  | | | | | 传真 |  | 手机 | |  | | E-mail: | | |
| 联系人姓名 | | 电话 | | | | | | 传真 | | | 手机 | | | | | E-mail: | |
|  | |  | | | | | |  | | |  | | | | |  | |
| 单位性质 | □全民  □集体  □个人 | | | | 职工人数 | |  | | | | 专业技术人员人数 | | | |  | | |
| 高级职称人数 | | | |  | | |
| 业务  范围 | | |  | | | | | | | | | | | | | | |
| 会费  标准 | | |  | | | | | | | | | | | | | | |
| 申请单位及法人 | | | | | | | | | | | | 四川省抗癌协会审批意见 | | | | | |
| 签章  年 月 日 | | | | | | | | | | | | 签章  年 月 日 | | | | | |