**合肥市创造学会会员单位申请表**

**申请时间 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位全称** | | |  | | | **法人** |  | | **职工总数** | |  |
| **副高以上（含副高）人数** | | |  | **中级职称人数** | |  | **办公室电话** | |  | | |
| **理事** | **姓名** |  | | **出生年月** | |  | | | **政治面貌** | |  |
| **性别** |  | | **专业专长** | |  | | | | | |
| **职称** |  | | **手机号** |  | | | **微信号** | |  | |
| **职务** |  | | **QQ号** |  | | | **邮 箱** | |  | |
| **会员** | **姓名** |  | | **出生年月** | |  | | | **政治面貌** | |  |
| **性别** |  | | **专业专长** | |  | | | | | |
| **职称** |  | | **手机号** |  | | | **微信号** | |  | |
| **职务** |  | | **QQ号** |  | | | **邮 箱** | |  | |
| **会员** | **姓名** |  | | **出生年月** | |  | | | **政治面貌** | |  |
| **性别** |  | | **专业专长** | |  | | | | | |
| **职称** |  | | **手机号** |  | | | **微信号** | |  | |
| **职务** |  | | **QQ号** |  | | | **邮 箱** | |  | |

**（注：会员单位初定会费500元/年）本表填后盖章发: zjj\_fldfh@126.com**

**申请单位(盖章):**