山东省职业技术教育学会会员登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 负责人信息 | 姓  名 | |  | | 性 别 | | |  | | 出生年月 | | | |  | |
| 文化程度 | |  | | 党 派 | | |  | | 职 务 | | | |  | |
| 工作单位 | |  | | | | | | | 移动电话 | | | |  | |
| 联  系方式 | | 联系人姓名 | |  | | | 职 务 | | | | |  | | | | |
| 联系电话 | |  | | | 移动电话 | | | | |  | | | | |
| 通讯地址 | |  | | | | | | | | | | | | |
| 电子邮箱 | |  | | | | | | | | 邮政编码 |  | | | |
| 组织机构代码 | |  | | | | | | | | 会员编码 |  | | | |
| 单位或个人简况 | |  | | | | | | | | | | | | | | |
| 单位意见 | | 负责人签字（盖章）：                    年  月  日 | | | | | | | | | | | | | |
| 审批意见 | | 负责人签字（盖章）：                    年  月  日 | | | | | | | | | | | | | |

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