**中国药店诚信联盟**

**入会申请表**

**省份： 申请时间： 年 月 日 请在以下申请表的□内打上√**

**□理事长 □常务理事长 □副理事长 □秘书长 □副秘书长 □常务理事 □理事 □会员**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **企 业 资 料** | | | | | | | | | | | | | | | | |
| **企业名称** |  | | | | | | | | | | | | | | | |
| **企业性质** | **□国有企业、□集体企业、□ 民营企业、□ 股份合作制企业、□个体户、□有限责任公司、□股份有限公司** | | | | | | | | | | | | | | | |
| **行业类型** | **□连锁 □单体 □商业 □工业 其他** | | | | | | | | | | | | | | | |
| **注册资金** |  | | | **地 址** | | | |  | | | | | | | | |
| **邮 编** |  | | | **网 址** | | | |  | | | | | | | | |
| **认证范围** | **□GAP □GMP □GSP** | | | | | | **认证时间** | | |  | | | | | | |
| **企业简介** |  | | | | | | | | | | | | | | | |
| **企业法定代表人** | | | | | | | | | | | | | | | | |
| **姓 名** |  | | | | **出生日期** | | | |  | | | | **性 别** | |  | |
| **民 族** |  | | | | **公司职务** | | | |  | | | | **手 机** | |  | |
| **座 机** |  | | | | **QQ** | | | |  | | | | **邮 箱** | |  | |
| **指定联系人** | | | | | | | | | | | | | | | | |
| **姓 名** |  | | **出生日期** | | |  | | | | | **性 别** | | |  | | |
| **民 族** |  | | **公司职务** | | |  | | | | | **手机** | | |  | | |
| **座 机** |  | | **QQ** | | |  | | | | | **邮 箱** | | |  | | |
| **零售企业概况（零售企业填写）** | | | | | | | | | | | | | | | | |
| **门店总数** | |  | **年度营业额** | | | **万元** | | | | | | **药品占比** | | | | **%** |
| **总营业面积** | | **㎡** | **员工总数** | | |  | | | | | | **医保门店数量** | | | |  |
| **申请人签字** | |  | | | | | | | | | | | | | | |
| **公司盖章** | |  | | | | | | | | | | | | | | |
| **联盟秘书处审批意见** | |  | | | | | | | | | | | | | | |
| **联盟审批意见** | |  | | | | | | | | | | | | | | |