江苏省老年医学学会会员登记表

会员证号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | | | | |  | | | 出生年月 | | | | | | |  | | | | | 照  片 |
| 籍 贯 |  | | | | | 民 族 | | | | |  | | | 党 派 | | | | | | |  | | | | |
| 身份证号 |  |  |  |  |  | |  |  | |  | |  |  | |  | |  |  | |  | |  |  |  |  |
| 最后毕业院 校 |  | | | | | | | | | | | | | 所学专业 | | | | | | | |  | | | |
| 学历/学位 |  | | | | | | | | 从事专业 | | | | |  | | | | | | | | 技术职称 | | | |  |
| 单位职务 |  | | | | | | | | 办公电话 | | | | |  | | | | | | | | 手 机 | | | |  |
| E－mail |  | | | | | | | | | | | | | 是否有其他学会任职及职务 | | | | | | | |  | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | 科 室 | | | |  |
| 联系地址 |  | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  |
| 个 人 简 历 和 主 要 业 绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 推 荐 意 见 | 推荐人： | | | | | | | | | | | | | | | 本人意见  并签字 | | | （签字） 年 月 日 | | | | | | | |
| 学 会 意 见 |  | | | | | | | | | | | | | | | | | | | | | | | | | |

（学会存）