江苏省老年医学学会会员登记表

会员证号：${HY\_ID}

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | ${NAME} | | | | | 性 别 | | | | | ${SEX} | | | 出生年月 | | | | | | | ${BIRTH} | | | | | 照  片 |
| 籍 贯 | ${JG} | | | | | 民 族 | | | | | ${MZ} | | | 党 派 | | | | | | | ${DP} | | | | |
| 身份证号 | {0} | {1} | {2} | {3} | {4} | | {5} | {6} | | {7} | | {8} | {9} | | {10} | | {11} | {12} | | {13} | | {14} | {15} | {16} | {17} |
| 最后毕业院 校 | ${ZHBYYX} | | | | | | | | | | | | | 所学专业 | | | | | | | | ${SXZY} | | | |
| 学历/学位 | ${XL} | | | | | | | | 从事专业 | | | | | ${CSZY} | | | | | | | | 技术职称 | | | | ${JSZC} |
| 单位职务 | ${DWZW} | | | | | | | | 办公电话 | | | | | ${GZDH} | | | | | | | | 手 机 | | | | ${PHONE} |
| E－mail | ${EMAIL} | | | | | | | | | | | | | 是否有其他学会任职及职务 | | | | | | | | ${ISRDZX} | | | | |
| 工作单位 | ${GZDW} | | | | | | | | | | | | | | | | | | | | | 科 室 | | | | ${KS} |
| 联系地址 | ${LXDZ} | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | ${YZBM} |
| 个 人 简 历 和 主 要 业 绩 | ${JL} | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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）