附件1

**连云港市护理学会新会员登记表**

2021-2022年

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 民族 | |  | 照片 |
| 学历 |  | 职务 |  | | 职称 | |  |
| 出生日期 |  | 身份证号 |  | | | | |
| 工作单位 |  | | | | 邮政编码 | |  |
| 联系地址 |  | | | | 身体状况 | |  | |
| 联系电话 |  | | | | 电子邮箱 | |  | |
| 业务专长 |  | | | | | | | |
| 主要学术成果 |  | | | | | | | |
| 本人签字 |  | | | 工作单位意见 | | （盖章）  年 月 日 | | |
| 学会意见 | （盖章）  年 月 日 | | | | | | | |

附件2

**连云港市护理学会会员信息一览表**

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| 序号 | 姓 名 | 性别 | 年龄 | 学历 | 职称 | 工 作 单 位 | 身份证 | 会费 | 备注 |
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