附件3

达州市预防医学会单位会员申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | | | | | | | | | | | | | |
| 单位地址 | |  | | | | | | | | | 邮编 | | | | |  | | |
| 机构性质 | | 国有 | |  | | | 民营 | |  | | | 其他 | | | | |  | |
| 单位类别 | | 疾控 |  | | 妇幼保健 | | |  | | 执法监督 | | | |  | | | | |
| 医疗机构 | 等级 | | | 科研院校 | |  | | 企业 | | |  | | 其他 | | |  |
|  | | |
| 法人代表 | |  | 电话 | | |  | | | | 电邮 | |  | | | | | | |
| 联 系 人 | |  | 电话 | | |  | | | | 电邮 | |  | | | | | | |
| 单位情况简介 |  | | | | | | | | | | | | | | | | | |
| 单位意见 | 签字（盖章）  年 月 日 | | | | | | | | | | | | | | | | | |
| 学会秘书处意见 | 秘书长签字  年 月 日 | | | | | | | | | | | | | | | | | |