**附件2：**

**社会团体个人会员登记表**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **社团名称** | | **甘肃省细胞生物学学会** | | | | | | |  | |
| **姓 名** |  | **出生年月** | |  | | | | |
| **性 别** |  | **民 族** | |  | | **籍 贯** |  | |
| **证件类型** |  | **证件编号** | |  | | | | | | |
| **政治面貌** |  | **拟任本社团职务** | |  | | **兼职/专职** |  | | | |
| **学 历** |  | **联系电话** | |  | | **手机号码** |  | | | |
| **毕业院校** |  | **所学专业** | |  | | | **研究方向** |  | | |
| **家庭住址** |  | | | | | | | | | |
| **是否担任其他社团法定代表人** | | | |  | | | | | | |
| **兼职人员原工作**  **单位及职务** | | |  | | | | | | | |
| **其他社会职务** | | |  | | | | | | | |
| **本人主要简历** | | | | | | | | | | |
| **自何年月至何年月** | | | **在何地区何单位** | | | | | | | **职务** |
| 按时间正排序 | | |  | | | | | | |  |
|  | | |  | | | | | | |  |
|  | | |  | | | | | | |  |
| **本人签字：**  **年 月 日** | | | | | **社团意见：**  **年 月 日** | | | | | |

**（注：身份证照片请附在下一页）**

|  |
| --- |
|  |

**（请将身份证复印件粘贴在此处）**