附件2：

**中国药师协会个人会员申请表**

编号：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 资格证书号 | | |  | | | |
| 政治面目 |  | | | 性 别 | | |  | | 民族 |  |
| 出生年月 |  | | | 身份证号 | | |  | | | |
| 通讯地址 |  | | | | | | | | | |
| 联系电话 |  | | | | 电子邮箱 |  | | | | |
| 工作单位 |  | | | | | | | | | |
| 本 人 简 历 | | | | | | | | | | |
| 何年何月至何年何月 | | | 在何地区何单位 | | | | | 任何职 | | |
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| 有何技术业务专长、重要发明、科研成果 | |  | | | | | | | | | |
| 掌握何种外语 | |  | | | | | | | | | |
| 审议意见 | | 盖 章    年 月 日 | | | | | | | | | |
| 备 注 | |  | | | | | | | | | |