**中国老年学和老年医学学会个人会员申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | |  | **身份证号** |  | | | |
| **民族** | |  | | **政治面貌** | |  |
| **学历** | |  | | **学位** | |  | **职称** |  | **是否为理事/会员推荐** | |  |
| **手机号** | |  | | | | **电子邮件** |  | **微信号** |  | | |
| **工作地址** | | |  | | | | | | **邮编** |  | |
| **主**  **要**  **阅**  **历** | **由(年月)** | | **至(年月)** | | **工作/学习单位(详细)** | | | | **职务** | | |
|  | |  | |  | | | |  | | |
|  | |  | |  | | | |  | | |
|  | |  | |  | | | |  | | |
|  | |  | |  | | | |  | | |
| **本人签字** | | |  | | | | | | | | |
| **所在单位意见** | | | 盖章 | | | | | | | | |
| **中国老年学和老年**  **医学学会审批意见** | | | 盖章 | | | | | | | | |
| **说明** | | 1.会费标准(人民币)：个人会员100元/年/人（500元/届/五年/人）  2.户名：中国老年学和老年医学学会 开户行：工行北京和平里北街支行 账号： 0200004209089149910  3.会员部邮箱：hyb@cagg.org.cn | | | | | | | | | |