**安庆市志愿服务联合会团体会员申请表**

**编号：**

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| **单位名称** | |  | | | | | | | | | | | | | |
| **组织类别** | |  | | | | | | **业务主管单位** | |  | | | | | |
| **通讯地址** | |  | | | | | | | | **邮政编码** | | | |  | |
| **法人代表** | |  | | | **电话** |  | | | | **传真** | | |  | | |
| **联络方式** | | **联系人** | |  | | | | | **个人微信** | | |  | | | |
| **职 务** | |  | | | | | **E-mali** | | |  | | | |
| **联系电话** | |  | | | | | **紧急联系电话** | | |  | | | |
| **单位网址** | |  | | | | | | | | | | | | | |
| **拟任职务** | | | | | | | | | | | | | | | |
| **会员** | | | **理事** | | | | **常务理事** | | | | **副会长** | | | | **监事** |
|  | | |  | | | |  | | | |  | | | |  |
| **1. 本单位自愿申请加入安庆市志愿服务联合会；**  **2. 本单位遵守联合会章程，愿意履行会员权利和义务。**  **单位盖章：**  **负责人签字：**  **年 月 日** | | | | | | | | | | | | | | | |
| **审批意见**  **联合会盖章：**  **负责人签字：**  **年 月 日** | | | | | | | | | | | | | | | |
| **备注** | **请规范填写申请表后，将申请表与单位法人证书扫描件发至联合会工作邮箱aqzyfwlhh@126.com。 联系地址：安庆市迎江区孝肃路220号**  **联系人：许老师 联系电话：18955690622 E-mail：aqzyfwlhh@126.com** | | | | | | | | | | | | | | |