**济宁医学院科学技术协会会员名单**

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| **序号** | **所在****单位** | **姓名** | **性别** | **民族** | **政治面貌** | **学历学位** | **职称** | **从事专业** |
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**济宁医学院科学技术协会会员登记表**

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| **姓 名** |  | **性 别** |  | **出 生****年 月** |  | **民 族** |  |
| **学 历****学 位** |  | **职 称** |  | **从 事****专 业** |  | **政 治****面 貌** |  |
| **单位与职务** |  | **联系电话** |  |
| **工****作****简****历** |  |
| **是否加入其他学会、研究会、科技团体** | **名 称** |  |  |  |
| **职 务** |  |  |  |
| **申请人签名：** | **学校科协审批意见：** **盖章：** **年 月 日** |