宝 鸡 市 社 会 工 作 协 会

(个人会员申请表)

宝鸡市社会工作协会：

本人已认真阅读宝鸡市社会工作协会的会员制度，现申请成为宝鸡市社会工作协会的个人会员。

编号： 申请入会日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | 性别 | | | | |  | | | | | 出生日期 | | | | | |  | | | | | | | | | | | 此处粘贴一寸照片 | | |
| 民族 | |  | | | | 文化程度 | | | | | | |  | | | | | | | 专业 | | | |  | | | | | | | | | | |
| 身份证号码 | |  |  |  | | |  | |  |  |  | | |  |  | |  | |  | |  | |  |  | | |  |  | | |  |  | | |
| 电话号码 | | 请填写常用电话号码，以便我们将通知及活动信息第一时间通知到您 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 电子邮箱 | | 请填写常用邮箱地址，以便我们将通知及活动信息第一时间通知到您 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | | | | |  | | | | |
| 工作单位及部门 | | | | |  | | | | | | | | | | | | | | | | | | | | | 所任职务 | | | | | | |  | | | | |
| 工作单位性质 | | | | | □行政管理类□培训类□教育研究类□非政府组织类□其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 从事的服务领域 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 爱  好  特  长 |  | | | | 工  作  简  历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有社工师资格证 | | | | | | | | □是 □否 | | | | | | | | 等级（答否者不填） | | | | | | | | | | | | | □助理社工师  □社会工作师  □高级社工师 | | | | | | | | |
| 可用于参加协会活动的时间  （请填写“上午、下午、全天”） | | | | | | | | | | | | 周一 | | | | 周二 | | | | | | 周三 | | | 周四 | | | | | 周五 | | | | | | 周六 | 周日 |
|  | | | |  | | | | | |  | | |  | | | | |  | | | | | |  |  |
| 申请人签名： | | | | | | | | | | | | | | | | 协会审批意见 | | | | | | | | | | | | | | | | | | | | | |
| 年 月 日 | | | | | | | | | | | | | | | | 协会负责人签名：  审批日期： 年 月 日  （协会公章） | | | | | | | | | | | | | | | | | | | | | |