**衡阳市新阶联单位会员登记表**

填报单位：（盖章） 填报日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称 | |  | | | | 办公地址 | | | |  | |
| 联系电话 | |  | | | | 传真号码 | | | |  | |
| 是否愿意  入会 | |  | | | | 拟申请会员  等次（勾选） | | | 会员/理事 | | |
| 拟推荐联谊组织兼职负责人姓名 | |  | 政治面貌 | |  | 职务 | |  | 联系电话 | |  |
| 机构代码 | |  | | | | 法定代表人  姓名 | | |  | | |
| 机构在册人数（人） | | | | | |  | | | | | |
| 业务范围 | | | | | |  | | | | | |
| **下属网络平台(含网站、APP、抖音账号、微信公众号等)** | | | | | | | | | | | |
| 序号 | 名称 | | | 注册用户 | | | 负责人及职务 | | | 联系电话 | |
| 1 |  | | |  | | |  | | |  | |
| 2 |  | | |  | | |  | | |  | |
| 3 |  | | |  | | |  | | |  | |
| 4 |  | | |  | | |  | | |  | |
|  |  | | |  | | |  | | |  | |

填报人： 联系电话：