

**四川省空手道团体会员单位备**案表

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| 团体单位名称 |  | | | | | | | | |
| **统一社会机构代码** |  | | | | | | | | |
| **身份证号码** |  | | | | | | | | |
| **姓 名** |  | | **性 别** |  | | **出生年月日** | |  | |
| **政治面貌** |  | | 会员单位**职务** |  | | **本人签字** | |  | |
| **邮政编码** |  | | **联系电话** |  | | **兼职专职** | |  | |
| **训练场所面积** |  | | **学员人数** |  | 教练员人数 | | |  | |
| **地址电话** |  | | | | | | | | |
| **家庭住址** |  | | | | | | | | |
| **其他社会职务** | | |  | | | | | | |
| **本人主要简历** | | | | | | | | | |
| **自何年月至何年月** | | **在何地区何单位** | | | | | | | **职务** |
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|  | | 团体会员单位**简介** | | | | | | |  |
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| **本俱乐部意见** | |  | | | | | **省协会意见** | | |
| **（印章）**  **经办人：**  **年 月 日** | |  | | | | | **（印章）**  **经办人：**  **年 月 日** | | |

**（请将本人身份证/营业执照复印件件粘贴在背面） 四川省空手道协会**

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| **（请正反面打印本表）** |

**（请将本人身份证/军官证/护照复印件粘贴在此处）**