附件2

浙江省图书馆学会个人会员综合信息登记表

单位\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系人\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 登记日期\_\_\_\_年\_\_月\_\_\_日

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| **序号** | **姓名** | **性别** | **出生年月** | **党派** | **职务** | **职称** | **学历** | **专业** | **电话** | **email** |
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| 说明： 1.以上表格可自行增加行数 |

2.请正确填写各项个人信息，邮箱为必填项，用以接收学会的各类通知及通讯。