**附件三、臺南市食品安全自主管理聯盟協會 團體會員入會申請書**

收件編號： 收件年月日：

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| **團體名稱** | |  | | | | | | | | | | | | |
| **地址** | |  | | | | | | | | | | **電話** |  | |
| **負責人姓名** | |  | | | | | | **職稱** | |  | | **性別** |  | |
| **成立日期** | |  | | | | | | | | **最高學歷** | |  | | |
| **會員代表** | **姓名** | | **性別** | | | | **出生年月日** | | **學歷** | | **經歷** | | | **職稱** |
| **E-mail** | | | | | |
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| **會員人數** | | | | | | **證照字號** | | | | | **發證機關** | | | |
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| **主要業務項目**  **（填寫至多三項）** | | | |  | | | | | | | | | | |
| **申請人簽章** | | | | | **公司負責人簽章(大、小章)** | | | | | | **申請年月日** | | | |
|  | | | | |  | | | | | |  | | | |
| **審查結果** | | | | | **會員編號** | | | | | |  | | | |
| **□通過 □不通過** | | | | |  | | | | | |  | | | |
| 本**人同意以上會員個人資料提供協會會務使用。**  **會員代表(簽章)：**   |  |  |  | | --- | --- | --- | | **1.** | **3.** | **5.** | | **2.** | **4.** |  | | | | | | | | | | | | | | | |