熊本難病・疾病団体協議会 入会届

記入日 年 月 日

本会の規約を了承の上、入会を申し込みます。住所は 代表者住所／書類送付先／事務局

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| 記入者名 |  | | | | | | | | 登録料振込日 | | | | ※ | 年 | | 月 |  | 日 |
| （ふりがな）  患者会名 |  | | | | | | | | | | | | | | | | | |
| 患者会ホームページ | http:/ | | | | | | | | | | | | | | | | | |
| 代表者の役職と代表者氏名 | 役職・名称 代表者氏名 | | | | | | | | | | | | | | | | | |
| 代表者の住所  連絡方法 | 〒 | - |  | |  |  |  | |  |  |  | | |  | |  | | |
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| Tel |  |  | |  |  |  | | Fax |  |  | | |  | |  | | |
| E-mailｱﾄﾞﾚｽ | | | | | | | | | | | | | | | | | |
| 熊難協への登録役員の氏名等 (幹事のみ可) | 役 職 | | | 氏 名 | | | |  |  | 住 | 所 | | |  | 電話番号 | | | |
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| 書類の送付先  上記と異なる場合 | 〒 | | | | | | | | | | | | | | | | | |
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| Tel |  |  | |  |  |  | | Fax |  |  | | |  | |  | | |
| 事務局  (ない場合不要) | 〒 | | | | | | | | | | | | | | | | | |
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| Tel |  |  | |  |  |  | | Fax |  |  | | |  | |  | | |
| 会の設立年月 |  |  |  | |  |  | 年 | | 月 | 総会月 | | 毎年 月・不定期 | | | | | | |
| 設立目的  主要なものを記入 |  | | | | | | | | | | | | | | | | | |
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| 年間の主な行事内容 |  | | | | | | | | | | | | | | | | | |
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| 会費・入会金 |  |  | 入会金（ | |  |  | 円） | |  |  | 年会費（ | | |  | | 円） | | |
| 患者ならびに家族の会員数 上記外の会員数 |  |  | 年 | |  |  | 月末現在 | |  |  | 合計（ | | | ）人 | |  | | |
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注意：疾患別に記載して下さい。患者本人、家族、支援者（賛同者）