**常德市破产管理人协会个人会员申请表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　名** | |  | **年龄** |  | | **性别** |  |  | |
| **工作单位** |  | | | | | **职务** |  |
| **通讯地址** |  | | | | | **民族** |  |
| **联系电话** |  | | | | | **QQ** |  |
| **技术职称** |  | | | | | **专业**  **工龄** |  | **身体状况** |  |
| **个**  **人**  **简**  **历** |  | | | | | | | | |
| **个人业绩专著和**  **荣誉称号** |  | | | | | | | | |
| **单位意见：**  **年 月 日** | | | | | **协会意见：**  **2017年 月 日** | | | | |