**四川省教育学会分支机构设立（重建）申请表**

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| **分支（代表）机构名称** | | | |  | | | | | | |
| **联系人** | | | |  | | **联系电话** | |  | | |
| **拟任分支机构领导人员**  **（主任、副主任、理事长、副理事长、秘书长、副秘书长）** | | | | | | | | | | |
| **姓名** | **性别** | | **年龄** | | **工作单位** | | **职务/职称** | | | **拟任职务** |
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| **分支机构秘书处挂靠单位意见** | | | | | | | | | | |
| **挂靠单位** | |  | | | | | | | | |
| **住所** | |  | | | | | | | | |
| **挂靠单位意见**  **（是否提供人员、办公条件，日常管理等）** | | **负责人签字： 单位签章：**  **年 月 日** | | | | | | | | |
| **业务范围** | | | | | | | | | | |
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| **申请理由** | | | | | | | | | | |
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| **发起单位或人员** | | | | | | | | | | |
| **单位或人员** | | | | | | | | | **签字或签章** | |
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| **筹备组人员**  **（组长、副组长、成员的姓名及单位）** | | | | | | | | | | |
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| **学会审批意见** | | | | | | | | | | |
| **签章：**  **年 月 日** | | | | | | | | | | |