**黑龙江省药学会学生会员登记申请表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 会员序号 |  | | 会员证号 | |  | 会员种类 | |  |
| 姓名 |  | | 性别 | |  | 出生年月 | |  |
| 专业 |  | | 民族 | |  | 政治面貌 | |  |
| 学习经历（学校） | | | | 起止年月 | | 专业 | 获得学位 | |
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|  | | | |  | |  |  | |
| 最高学历 |  | 会何种外语及程度 | | | |  | | |
| 在读院校 |  | | | | | | | |
| 学校地址 |  | | | | 邮编 |  | | |
| 所获奖励、荣誉 |  | | | | | | | |