附件3

**河北省语言文字工作者协会个人会员登记表**

上报部门、单位（公章）： 时间： 年 月 日

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| 单位 | 姓名 | 性别 | 出生年月 | 政治面貌 | 学历 | 所学专业 | 现从事工作 | 现任职务  或职称 | 语言文字工作 | | | 国家或  省级  测试员 | 联系电话和邮箱 |
| 职务 | 专 | 兼 |
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填表人： 联系电话：