附件1：

湖北医药学院校友会第三次会员代表大会代表推荐表

（校友组织用表）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | | |  | 出生年月 |  | |  |
| 籍 贯 |  | 民 族 | | |  | 政治面貌 |  | |
| 所在单位 |  | | | | | 现任职务 |  | |
| 联系电话 |  | | | | 邮箱 | |  | | |
| 家庭住址 |  | | | | | | | | |
| 是否推荐为理事候选人 | | | | 是 □ 否 □ | | | | | |
| 是否推荐为常务理事候选人 | | | | 是 □ 否 □ | | | | | |
| **母校学习经历** | | | | | | | | | |
| **入学时间** | | | **入学专业** | | | | | **学历** | |
|  | | |  | | | | |  | |
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|  | | |  | | | | |  | |
| **本人主要工作经历** | | | | | | | | | |
| **自何年月至何年月** | | | **在何地区何单位** | | | | | **职务** | |
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