内蒙古执业药师协会单位会员入会申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称（盖章）** | | | |  | | | | | | | | | | | |
| **单位合法开业的证明（请选择类别填写）** | **1** | | **药品经营**  **许可证** | **许可证号** | |  | | | | **企业法人营业执照** | | **注册号** | |  | |
| **2** | | **药品生产**  **许可证** | **许可证号** | |  | | | | **企业法人营业执照** | | **注册号** | |  | |
| **3** | | **医疗机构**  **执业许可证** | **许可证号** | |  | | | | **企业法人营业执照** | | **注册号** | |  | |
| **4** | | **事业单位**  **法人证书** | **证书号** | |  | | | | | | | | | |
| **5** | | **企业法人**  **营业执照** | **注册号** | |  | | | | | | | | | |
| **单位地址** |  | | | | | | | **邮编** | | |  | | **所属地区** | |  |
| **法人代表** |  | | | | | | | **电话** | | |  | | | | |
| **负责执业药师管理的人员** | | | | |  | | | **电话** | | |  | | | | |
| **传真** | | |  | | | | |
| **企业现有** | | **执业药师人数** | | |  | | | **注册人数** | | |  | | | | |
| **从业药师人数** | | |  | | | | | | | | | | |
| **药学中高级技术人员人数** | | |  | | | | | | | | | | |
| **企业类别** | | | | | **生产** | | | |  | | | | | | |
| **使用** | | | |  | | | | | | |
| **单体零售** | | | |  | | | | | | |
| **连锁零售** | | | |  | | | | | | |
| **批发** | | | |  | | | | | | |
| **教育** | | | |  | | | | | | |
| **科研** | | | |  | | | | | | |
| **管理** | | | |  | | | | | | |
| **企业简介** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **申请单位意见：**  **单位盖章**  **年 月 日** | | | | | | | **协会审查意见：**  **单位盖章**  **年 月 日** | | | | | | | | |

请申请入会的单位将此表格填写好，连同《单位会员中现有执业药师、从业药师及药学中高级

技术人员名单》和本单位合法开业的证明复印件（加盖公章）一起交内蒙古执业药师协会秘书处。

此表可在内蒙古执业药师协会网站下载。