附件四：

**河南省健康产业协会会员登记花名册（个人会员）**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **证件号** | **政治面貌** | **工作单位名称** | **职务** | **手机号** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |