**中華青年企業家協會「浙江莫干山兩岸文創交流會」團員資料表**

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| 個人基本資料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 中文 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 英文 | |  | |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |
| 出生年月日 | 西元 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | 護照號碼：  有效日期： | | | | | | | | | | |
| 身分證字號 |  |  | |  | | |  | | |  | | |  | |  | | |  | | | |  | | | |  | |
| 台胞證字號 | 有效日期： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服務單位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現任職稱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | | | □男；□女 | | | | | | |
| 通訊地址 | □□□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聯絡電話 | 〔日〕 〔夜〕  〔行動電話〕 〔傳真〕 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 緊急連絡人 |  | | | | | | | | | | | | | | | | | | 關係 | | | | |  | | | | | | | | | | | | | | |
| 緊急連絡電話 |  | | | | | | | | | | | | | | | | | | 血型 | | | | |  | | | | | | | | | | | | | | |
| 是否有  特殊疾病 | □否  □是，疾病＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿  ﹝請確實填寫，以利主辦單位掌握成員健康安全﹞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 請填寫【重要經歷】，至多三項。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否吃素：□是；□否 // □不吃牛肉；□其他特殊飲食 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否指定同行室友：□否；□是，指定同行室友姓名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |