附件5

山东电子学会脑机交互与人机协同专业委员会

会员申请表

会员编号（审批机构填写）：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本信息 | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | 性别 | |  | | | 出生  日期 | | |  | | | | 身份证号 | | | |  | | |
| 申请专委会职务 | | | □会长 □副会长 □秘书长 □副秘书长  □理事 □会员 | | | | | | | | | | | | | | | | | | |
| 联系方式 | | | | | | | | | | | | | | | | | | | | | |
| 所在地区 | |  | | | | 联系电话 | | | | |  | | | | | | | 微信号 | | |  |
| 手机号码 | |  | | | | E-mail | | | | |  | | | | | | | QQ | | |  |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | |
| 其他信息 | | | | | | | | | | | | | | | | | | | | | |
| 学历 | |  | | 学位 | | |  | | |  | | | | 党派 | | |  | | | | |
| 主要研究方向 | | | |  | | | | | | | | | | | | | | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | 毕业时间 | | | |  |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | |
| 职称 | |  | | | | | | | | | | 职务 | |  | | | | | | | |
| 个人简历 | |  | | | | | | | | | | | | | | | | | | | |
| 业绩成果 | |  | | | | | | | | | | | | | | | | | | | |
| 参加其他  社团情况 | |  | | | | | | | | | | | | | | | | | | | |
| 可以为学会  提供的服务 | | □实用技术咨询 □科普文章撰写 □科普教育讲座  □学会发展建议 □科技新闻供稿 | | | | | | | | | | | | | | | | | | | |
| 声 明 | | 本人对以上内容及全部附件材料进行了审查，对其客观性和真实性负责。  申请人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | |
| 推荐意见 | | 推荐人 | |  | | | | | 会员级别 | | | |  | | | 会员编号 | | | |  | |
| 推荐人或推荐单位意见：  介绍人（签名） 或推荐单位 （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | |
| 审批意见 | | （审批机构盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | |