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| 入会年月日 |  | 年 |  | 月 |  | 日 |
| 自振開始月 |  | 年 |  | 月 |  |  |

様式第2号

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| 事業所番号 | | | | |
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　　　　　駿東勤労者福祉サービスセンター

　　　事　業　所　カ　ー　ド

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| フリガナ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 業種 | | | | 1.建設　　2.製造　　3.卸・小売・飲食　　4.サービス  5.その他（内容を業種名に記入） | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地域 | | | | | | | | 1：御殿場市　　2：裾野市　　3：長泉町　　4：小山町 | | | | | | | | | | | | | | | | | | |
| 所　　在　　地 | 事業所 | 〒 |  | | ― | |  | | | TEL( | | | |  | | | | | ) |  | | | | | ― |  | | | FAX( | | | | |  | | | | | | | | ) | | |  | | | | ― | |  | | |  | |
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| 市外の  本社等 | 〒 |  | | | ― |  | | | TEL( | | | |  | | | | | ) |  | | | | | ― |  | | | | FAX( | | | | |  | | | | | | | | ) | | |  | | | | ― | |  | | |  |
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| 業種名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 業務内容 | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 代表者・事業主 | 役職名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 担当者 | | | 所属 | | | | | | | |  | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | 性別 | | フリガナ | | | | | | | |  | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | 1.男  2.女 | | 氏名 | | | | | | | |  | | | | | | | | | | | | | | | |
| 従業員数 | | 男性： | |  | | | | 人　　女性： | | | | |  | | | | | 人　　　計: | | | |  | | | | | | 人 | 休業日 | | | | | | | | | | | 1.日　　2.月　　3.火　　4.水　　5.木　　6.金　　7.土　　8.祝 | | | | | | | | | | | | | | | |
| メールアドレス | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 振込・受取  金融機関 | | 金融機関コード | | | | | | |  |  | |  | | |  | 支店コード | | | | |  | |  |  | | 口座の種類 | | | | | 1.普通　2.当座 | | | | | | | | | | | | | | | | | フリガナ | | | | |  | | |
|  | | |
|  | | | | | | | | | 銀行  金庫  農協 | | | | | |  | | | | | | | | 店 | 口座番号 | | | | |  | | | | |  | |  |  | |  | | |  | | |  | 口座名義人 | | | | |  | | |
| 退職金制度 | | 中退金　　加入している　　・　　加入していない | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備　　考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* 太線の中を黒のボールペンで記入してください。