**苏州市广场健身舞运动协会团体会员入会申请表**

**团队名称： 市（县）、区 队**

**领队： 联系电话： 微信号（昵称）：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **联系电话** | **社会体育指导员等级** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14** |  |  |  |  |
| **15** |  |  |  |  |
| **16** |  |  |  |  |
| **17** |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |