**泰安市保险行业协会会员入会申请表(中介)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **申请单位名称** | |  | | | | **申请日期** | | |  |
| **单 位 情 况** | **代理、经纪经营许可证编码** |  | | | | **辖内分支机构数量** | | |  |
| **成立时间** |  | | | | **注册资本** | | |  |
| **办公地址** |  | | | | **联系电话** | | |  |
| **法定代表人** |  | | | | **经营范围** | | |  |
| **公司人数** |  | | | | **持证人数** | | |  |
| **营业收入** |  | | | | **主营业务** | | **财险□ 寿险□** | |
| **主要负责人** | **姓名** |  | | **职务** | | |  | | |
| **固定电话** |  | | **手 机** | | |  | | |
| **联 系 人** | **姓名** |  | | **职务** | | |  | | |
| **固定电话** |  | | **手机** | | |  | | |
| **传真** |  | | **邮箱** | | |  | | |
| **入会意见** | **我自愿加入泰安市保险行业协会,承诺遵守本会章程，履行各项会员义务，按期缴纳会费。**  **（公章）**  **法定代表人/负责人签名：**  **年 月 日** | | **行业协会审批意见** | | **意见：**    **（公章）**  **负责人签名：**  **年 月 日** | | | | |

**注：请随入会申请表附送代理、经纪机构经营许可证和工商营业执照复印件，公司简介一份；有辖内分支机构的填写辖内分支机构明细表一份。**

**附件**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **泰安市专业中介机构辖内分支机构明细表** | | | | | | | |
| **泰安辖区分支机构名称** | **管理权限**  **（是/否）** | **基 本 信 息** | | | | | |
| **机构编码** | **成立时间** | **负责人** | **联系人** | **联系人电话** | **地 址** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |