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| 入会申込書 | | | | | | | | | | | | | | | | | | | |
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|  | しずおか安心すまい協議会　御中 | | | | | | | | | | | | | | | | | |  |
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|  | 当社は、貴協議会へ入会を申し込みます。 | | | | | | | | | | | | | | | | | |  |
|  | 尚、入会にあたり、貴協議会の定める規約および取扱書を確認し、これに同意致します。 | | | | | | | | | | | | | | | | | |  |
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|  |  | **事業者記入欄** | 会社名または商号 | ﾌﾘｶﾞﾅ | | | | | | | | 印 | | | | | |  |  |
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|  |  | 役職・代表者氏名 | ﾌﾘｶﾞﾅ | | | | | | | |  |  |
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|  |  | 連絡先 | TEL |  | | FAX | | |  | | | | | | | |  |  |
|  |  | 担当者氏名 |  | | | | | | | | | | | | | |  |  |
|  |  | 連絡先 | TEL |  | | FAX | | |  | | | | | | | |  |  |
|  |  | 事業者届出番号  （まもりすまい保険） | ※事業者届出予定の場合は未記入 | | | | | | | | | | | | | |  |  |
|  |  | 登録メールアドレス  （情報配信等をご希望の場合） | ＠ | | | | | | | | | | | | | |  |  |
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|  |  | **事務局使用欄** | 備　　　考 | | | | | | 事務局受付印 | | | | | |  | | | |  |
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