**湖南农业大学医疗互助登记表**

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| **序** | **姓名** | **单位** | **性别** | **身份证号码** | **参加** | **不参加** | **签名** |
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备注：愿意参加的请在表格参加一栏下画“○”，不参加的画“X”。

部门工会负责人：（签字）

单位：（公章）

年 月 日