**附件2：**

怀化职业技术学院教职工大病医疗互助加入汇总表

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| **单位（盖章）：** | | | |
| **序号** | **姓名** | **入会时间** | **联系方式** |
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注:该表一式两份，由各分会主席填写后签名与电子表同时上报，电子版发至邮箱934674631@QQ。com：