様式第１号

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| 千葉市公民館使用者登録（　新規　・　継続　）申請書　・　変更届出書  令和　 　年　　月　　日  （あて先）公益財団法人　千葉市教育振興財団  　下のとおり公民館の使用者登録をしたいので申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 主に使用しようとする公民館 | | 千葉市　磯辺公民館 | | | | | | | | | | | | | | | (取得済みの場合)使用者番号 | | ＩＤ番号　： | | | | | | | | | | | | | | | 団体名 | | (ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 代表者 | 氏名 | (ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 住所 | 〒 | | | | | | | | | | | | | | | 連絡先 | 電話 |  | | | | | | ﾌｧｯｸｽ | | | |  | | | | 連絡担当者 | □　連絡担当者と代表者が同じ場合はチェック（以下連絡担当者欄は記入不要） | | | | | | | | | | | | | | | | 氏名 | (ﾌﾘｶﾞﾅ) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | 住所 | 〒 | | | | | | | | | | | | | | | 連絡先 | 電話 |  | | | | | | | ﾌｧｯｸｽ | | |  | | | | 団体連絡先 | | E-mail |  | | | | | | | | | | | | | | 団体の活動目的  （具体的に） | |  | | | | | | | | | | | | | | | 公民館の使用内容  (具体的に) | |  | | | | | | | | | | | | | | | 講師 | 氏名 | (ﾌﾘｶﾞﾅ) | | | | | | 肩書き | | | |  | | | | |  | | | | | | | 住所 | 〒 | | | | | | | | | | | | | | | 電話番号 |  | | | | | 謝礼  (1回あたり) | | | | | | |  | 円 | | 会員数 | 合計 | 未成年 | | | 一般  (65歳未満) | 一般  (65歳以上) | | | | | 入会金 | | | | 円 | | 人 | 小学生以下 | 中・高校生 | 大学生等 | | 年・月会費 | | | | 円 | | 人 | 人 | 人 | 人 | 人 | | | | | | 会費の主な使途 | | | | | | 暗証番号  （パスワード） | |  | | | | (４桁以上８桁までの数字とアルファベットの組合せ)  **※使用者番号を記入した方は記入不要** | | | | | | | | | |   本人確認　　　□運転免許証 　　□マイナンバーカード　　□住民票の写し　　□健康保険証  　　　　　　　□後期高齢者医療被保険者証　　□旅券　 　□その他（　　　　　　　　　　　　　　　）  団体種別　　　□青少年　　□成人　　□女性　　□高齢者　　□その他（地域団体・民間等）  **〈裏面にも記載してください〉**種別　　　□青少年　　□成人　　□ |

【参考】

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| **会員の募集を** | □ している　　　　　□ していない |
| **入会希望者に連絡先を** | □ 教えてもよい  □ 公民館から代表者（連絡担当者）に連絡  をして、確認を取って欲しい。  □ 教えたくない |
| **入会希望者の見学** | □ 受入れ可能　　　　□ 受入れ不可 |

* いずれかの□に**ㇾ印**を記入してください。