党员组织关系集中排查工作人员登记表

二级党组织名称（盖章）： 填表日期：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 姓名 | 性别 | 职务 | 手机 | 邮箱 | 备注 |
| 单位主管领导 | |  |  |  |  |  |  |
| 工作人员 |  |  |  |  |  |  |  |
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