**附件Appendix 2**

**全体成员登记表**

**Name List of ALL Members in Your Institution**

总人数Total Number （由中联秘书处填写）(To be completed by the secretariat of WFCMS)： 人

注：请填写所有成员信息，如表格不够，可复制后继续填写。

Please complete the information of ALL your members in the following box. The box can be copied for more.

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|  | 姓名  Full name | 性别  Gender | 行业/专业  Profession | 学历/学位  Degree  Educational Background | 从业年限  Duration of Profession | 所在国家(地区)和城市  City & Country (Region) | 联系方式  E-mail |
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