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|  | | | | | | |  | **都道府県社会福祉士会** | | | | | | | |  |  |  |  |  |  |
| **入退会・変更届／会員証再発行申込書** | | | | | | | | | | | | | | | | | | | | | |
| （お届けいただいた1～４の変更内容は月末にとりまとめて都道府県社会福祉士会事務局に連絡します） | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 年　　月　　日 | | | | |
| 会員番号 | | |  | | | | | | 氏　名 | | |  | | | | | | | | | |
| **１．所属社会福祉士会の変更　退会→入会　（所属の変更のみ）** | | | | | | | | | | | | | | | | | | | | | |
| ※規約により所属社会福祉士会は住所または勤務先所在の都道府県となります。 | | | | | | | | | | | | | | | | | | | | | |
|  |  | 旧　所属 | | | |  |  |  |  |  |  | 新　所属 | | | |  |  |  |  |  |  |
| 私は | |  | | | | 社会福祉士会を退会し | | | | | |  | | | | 社会福祉士会に入会します | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **２．氏名の変更** | | | | | | | | | | | | | | | | | | | | | |
| ふりがな | | |  | | | | | | | | ふりがな | | |  | | | | | | | |
| 旧氏名 | | |  | | | | | | | | 新氏名 | | |  | | | | | | | |
| **３．住所等の変更（　　　　　年　　　月　　　日変更）** | | | | | | | | | | | | | | | | | | | | | |
| 旧住所 | | | 〒 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| ふりがな | | |  | | | | | | | | | | | | | | | | | | |
| 新住所 | | | 〒 （アパート･マンション名もご記入ください） | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 話番号 | | |  | | | | | | | | FAX番号 | | |  | | | | | | | |
| E-mail | | |  | | | | | | | |
| **４．勤務先等の変更（勤務先種別・職種は裏面のコード表参照）** | | | | | | | | | | | | | | | | | | | | | |
| 勤務先名称 | | |  | | | | | | | | | | | | | | | | | | |
| 勤務先種別 | | |  | | | | | | | | 職　種 | | |  | | | | | | | |
| 所在地 | | | 〒 | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 電話番号 | | |  | | | | | | | | FAX番号 | | |  | | | | | | | |
| E-mail | | |  | | | | | | | |
| **５．年会費引落し口座の変更** | | | | | | | | | | | | | | | | | | | | | |
|  | | 変更しません | | | |  |  | | 銀行口座に変更します | | | | |  |  | | 郵便口座に変更します | | | | |
|  |  |
| ※変更される方には所定の用紙をお送りします。 | | | | | | | | | | | | | | | | | | | | | |
| **６．会員証の再発行（写真なし）** | | | | | | | | | | | | | | | | | | | | | |
|  | | 会員証の再発行を希望 | | | | | | | | ＜手続き＞ | | |  |  |  |  |  |  |  |  |  |
| お手持ちの会員証と500円分の郵便小為替を日本社会福祉士会事務局へお送りください。 | | | | | | | | | | | |
| （理由：　　　　　　　　　　） | | | | | | | |
| **７．写真入り会員証の発行** | | | | | | | | | | | | | | | | | | | | | |
|  | | 写真入り会員証の発行を希望 | | | | | | | | ＜手続き＞ | | |  |  |  |  |  |  |  |  |  |
| お手持ちの会員証と写真(ｶﾗｰ4cm×3cm)1枚、1,000円分の郵便小為替を日本社会福祉士会事務局へお送り下さい。 | | | | | | | | | | | |
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| ※再発行される場合の会員証の有効期限は、元の会員証の有効期限と同じです。 | | | | | | | | | | | | | | | | | | | | | |