**旭川市国民健康保険運営協議会 委員応募用紙**

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| ふ り が な氏　名 |  | 男・女 | 昭和・平成　　年　　月　　日生満　　　歳（令和７年９月６日現在） |
| 住　所 | 〒　　　－　　　　　　　　　　　　　　　　電話（　　　　）　　－　　　　 |
| （メールアドレスをお持ちの方は記入してください。） |
| 職業・勤務先（通学先） | 勤務先・通学先（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| 旭川市国民健康保険被保険者記号番号 | 旭　　（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） |
| 応募状況 | （現在、他の附属機関等に応募されている場合は、その機関名を記入してください。） |

**応募動機、国民健康保険制度の実態や課題、国民健康保険制度に対する考え方を４００字程度で記載してください。**※別紙でもかまいません。

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