「安全・安心な食のまち・さっぽろ推進会議」

委員応募用紙

　　【応募しめきり　令和7年5月30日(金)必着】

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| ふりがな  氏　名 | | |  | | | | | | | 性別 | | 男・女 | | | 生年月日  年　齢 | | | | 大  昭　　年　　月　　日  平  　　　（　　　　歳） | | | | | |
| 住　所  電話番号 | | | 〒  電話 | | | | | | | | | | | | | | | | | | | | | |
| ﾒｰﾙｱﾄﾞﾚｽ | | |  | | | | | | | | | | | | | | | | | | | | | |
| 職　業 | | | （勤務先または学校名　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | |
| 応募の動機をお書きください。 | | | | | | | | | | | | | | | | | | | | | | | | |
| これからの札幌の食の安全・安心について、あなたのご意見・お考えを500字程度でお書きください。 | | | | | | | | | | | | | | | | | | | | | | | | |
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（裏面につづきます）

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| これまでに、市民活動、地域活動、ボランティア活動、審議会委員などの社会活動に関わったことがありましたら、活動内容と活動期間をお書きください。 | | | | | | | | | | | | | | | | | | | |

■提出先・問い合わせ先

　札幌市保健所食の安全推進課

　　〒060-0042　札幌市中央区大通西19丁目　WEST19　３階

　　FAX　011-622-5177　　　 TEL　011-622-5170

　　電子メールアドレス　　shoku-anzen@city.sapporo.jp