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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請日 |  |  |  |  |  |  | 届出 | 第 |  | 号 |
|  | 年 |  | 月 |  | 日 |  | ( データ入力済み ) | | | |

公益活動団体届出書

( 新規　変更　取消 )

特定非営利活動法人

池田市公益活動促進協議会 理事長 殿

※「変更」「取消」は名称・代表者氏名・押印のうえ、「変更」の場合は当該箇所のみ記入をお願いします

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 団体概要 | 名称 | (フリガナ) | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者氏名 | (フリガナ) | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | 印 | | | | |
| 代表者 連絡先 | 〒 |  | | | － | | | |  | | | | | (ﾏﾝｼｮﾝ等は部屋番号も御記入ください) | | | | | | | | | | | | |
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| 電話番号 | 自宅 | | | | |  | | | | | | | | | (FAX | | |  | | | | | | ) | |
| 携帯 | | | | |  | | | | | | | | | | | | | | | | | | | |
| メール | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 設立年月日 |  | | | | | | | | | | 年 | |  | | | | 月 | | |  | | | 日 | | |
| (令和 | | | | | |  | | | | 年) | |
| 会員数 |  | | | | 名 | | | | 女性 | | |  | | | | 名 | 男性 | | | |  | | | 名 | | |
| 活動目的 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 活動内容 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 活動分野  (NPO法人20分野) | |  | | 1. 保健、医療、福祉 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 社会教育 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. まちづくり | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 観光 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 農山漁村・中山間地域の振興 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 学術、文化、芸術、スポーツ | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 環境保全 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 災害救援 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 地域安全 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 人権・平和 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 国際協力 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 男女共同参画 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 子どもの健全育成 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 情報化社会 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 科学技術 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 経済活動の活性化 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 職業能力又は雇用機会 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 消費者保護 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 団体の運営・活動の援助 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 1. 自治体の条例で定める活動 | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる 連絡先 | 種別 | 代表者 ※以下記載不要 | | | | | | | | | 代表者職場 | | | | | | | | 団体事務所 | | | | | | | | |
| 他の会員 | | | | | | | その他( | | | | | | |  | | | | | | | | | | ) | |
| 事務所名 又は氏名 | (フリガナ) | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | 〒 |  | | | | － | |  | | | | | | (ﾏﾝｼｮﾝ等は部屋番号も御記入ください) | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号他 | 事務所 自宅 | | |  | | | | | | | | | | | | (FAX | | |  | | | | | | ) | |
| 携帯 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| メール | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 当会へのご要望、 活動に関するお悩み等 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |