|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申請日 |  |  |  |  |  |  | 受付者 |  |
|  | 年 |  | 月 |  | 日 |  | ( データ変更済み ) | |

公益活動団体届出書（内容変更・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

|  |  |  |  |
| --- | --- | --- | --- |
| 団体名称 |  | | |
| 届出者氏名 |  | 届出者肩書 |  |
| 届出者 連絡先 |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 届出内容を変更します | | | | | | | | | | | | | | | | | 届出を取り消します | | | | | | | | | |
| 変更発生日および変更事由／取消事由 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （変更の場合は、以下、**該当箇所のみ変更後の内容をご記入ください**） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 団体名称 | | | | (フリガナ) | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者  氏　名 | | | | (フリガナ) | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者 連絡先 | | | | 〒 |  | | | － | |  | | | | | | | | | (ﾏﾝｼｮﾝ等は部屋番号もご記入ください) | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | 自宅 | |  | | | | | | | | | | | | | (FAX | |  | | | ) | | | |
| 携帯 | |  | | | | | | | | | | | | | | | | | | | | | |
| メール | | |  | | | | | | | | | | | | | | | | | | | | | |
| 活動目的 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 活動内容 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 活動分野（あてはまるもの全てに☑をつけてください） | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. | 保健、医療、福祉 | | | | | | | | | | |  | | | 2. | | 社会教育 | | | | | | | | |
|  | 3. | まちづくり | | | | | | | | | | |  | | | 4. | | 観光 | | | | | | | | |
|  | 5. | 農山漁村・中山間地域の振興 | | | | | | | | | | |  | | | 6. | | 学術、文化、芸術、スポーツ | | | | | | | | |
|  | 7. | 環境保全 | | | | | | | | | | |  | | | 8. | | 災害救援 | | | | | | | | |
|  | 9. | 地域安全 | | | | | | | | | | |  | | | 10. | | 人権・平和 | | | | | | | | |
|  | 11. | 国際協力 | | | | | | | | | | |  | | | 12. | | 男女共同参画 | | | | | | | | |
|  | 13. | 子どもの健全育成 | | | | | | | | | | |  | | | 14. | | 情報化社会 | | | | | | | | |
|  | 15. | 科学技術 | | | | | | | | | | |  | | | 16. | | 経済活動の活性化 | | | | | | | | |
|  | 17. | 職業能力又は雇用機会 | | | | | | | | | | |  | | | 18. | | 消費者保護 | | | | | | | | |
|  | 19. | 団体の運営・活動の援助 | | | | | | | | | | |  | | | 20. | | 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 | | | |  | | | | | | | | | | | | | | | | | | |

※ご提供いただいた個人情報は、適切かつ安全に管理し、届出団体への各種支援業務の目的のみに使用いたします。