**「大網白里市地域公共交通活性化協議会委員」応募用紙**

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| **ふりがな** |  | **年齢** | 歳 |
| **氏名** |  |
| **住所** | 〒　　　　　　- | **性別** | 男 　・　　女 |
| **連絡先** | 固定電話（　　　　　　－　　　　　　－　　　　　　）　　FAX番号（　　　　　　－　　　　　　－　　　　　　）  携帯電話（　　　　　　－　　　　　　－　　　　　　）  Ｅメールアドレス（　　　　　　　　　　　　　　　＠　　　　　　　　　　　　　　　　　　　　　　　　　　） ※FAXや携帯電話、Eメールのない方は記入不要です。 | | |
| **応募資格** | 以下の要件をすべて満たす方。  １　　令和６年３月１日現在で満18歳以上ですか？　　(　はい　・　いいえ　)  ２　　大網白里市内に在住または通勤・通学されていますか？　　(　はい　・　いいえ　)  ３　　主に平日の日中に開催される協議会(4回程度)に参加可能ですか？　　(　はい　・　いいえ　) | | |
| **応募書類** | １　　応募用紙  ２　　「地域の公共交通の活性化に関する意見、提案など」をテーマにした作文(800文字以内)  　　　※裏面の作文用紙もしくは任意様式いずれも可。 | | |
| **提出先** | 令和６年３月１日（金曜日）から２９日(金曜日)までに、応募書類を以下に持参、郵送、または  Eメールにてご提出ください。  ※郵送の場合は令和６年３月２９日必着  **〒299-3292**  **大網白里市大網115番地2　本庁舎2階　企画政策課 政策推進班**  **Eメール：kikakuseisaku@city.oamishirasato.lg.jp**  　　※選考結果は応募用紙の記載事項や作文の内容を審査の上、応募者ご本人に通知します。 | | |
| **問い合わせ先** | **大網白里市役所　企画政策課　政策推進班　TEL　0475-70-0315** | | |

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|  | 作文（テーマ：地域の公共交通の活性化に関する意見、提案など」）(800文字以内) | | | | | | | | | | | | | | | | | | | | | | | | |  |
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