**年会费缴纳清单**

基层工会名称：（单位盖章） 年 月 日

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓 名 | 编 制 | 岗位工资 | 薪级工资 | 月缴纳会费 | ( )月会费 | 备 注 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
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| 20 |  |  |  |  |  |  |  |
| …… |  |  |  |  |  |  |  |
| 合计 | 缴纳总人数 |  | | | 总金额 |  | |

制表人签字： 基层工会主席签字：