**附件2:**

**2017年非执业会员年度检查情况汇总表**

**市注册会计师协会 填报日期： 年 月 日**

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| 序号 | 会员证号 | 姓名 | 性别 | 工作单位 | 手机号码 | E-mail | 继续教育情况 | 会费缴纳情况 | 备注 |
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