广州市律师协会个人会员减免会费申请表

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| **银行对公账户****户名** | **账号** | **开户行** | **申请人数（人）** | **经办人****姓名** | **手机号码** |
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| 律师名单 |
| 序号 | 姓名 | 执业机构（全称） | 执业证号 | 与附件1中“当前执业机构”是否一致（填写“是”/“否”） |
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| 以上信息无误，请审批。 执业机构盖章 |
| 市律协填写 | 本次减免会费人数（人）：实际减免总金额（元）： |

注：本申请表电子版发至会员部邮箱2450581852@qq.com，纸质版确认无误后打印一式三份并盖章邮寄至市律协。

地址：广州市越秀区东风中路437号越秀城市广场南塔8楼。