別紙4

富山県看護協会　会員管理担当　宛

【FAX：076-433-6428　E-mail：kensyu@toyama-kango.or.jp】

**2024年度会費納入者一覧**

**※お振込みの前後に必ずご提出をお願いします。（お支払された会員様の特定のため）**

（施設用WEBで事前に振込グループを作成の上、振込をされる場合は不要です)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 施設番号 |  | 施設名 |  | |
| 担当者役職 |  | 担当者名 |  | |
| TEL |  | | FAX |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **振込日** |  | **人　数** |  | **金　額** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 県会員No | 会員名 | 金額 | 備考 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |