**FORMULARIO 100**



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|  | **Caja compensadora** | **Cuota Sindical** | **Aporte Sindical**  | **Contribución Solidaria** |
| **Resolución Nc** |  |  |  |  |
| **Sres.** | **MES** | **Año** |
| **Domicilio:** | **N° Inscripción ATSA** |  |
| **Localidad:** | **CUIT** |  |

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| N° ORDEN | CUIL | APELLIDO Y NOMBRE | N° AFILIADO | CONVENIO | CATEGORIA | REMUN.BRUTA MENSUAL | APORTE SINDICAL | AP. SOLIDARIO | CONTRB. EXTRAORDINARIA | CAJA COMPENSADORA | TOTAL A INGRESAR |
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| ASOCIACION DE TRABAJADORES DE LA SANIDAD ARGENTINA ROSARIO Y 2da. CIRCUNSCRIPCION DE LA PCIA DE STA FE. Personería gremial N° 693- Personería Jurídica Decreto N° 10543/64 | Fecha:Rosario………………………De…………………………….De | Sello , firma y Aclaración | Tel: (341) 4406680Mendoza 2667S2002pb - Rosario |