

# Annual Membership Fee Receipt

Receipt No: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Member Name: \_\_\_\_\_

Membership ID: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Period: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Transaction Reference: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature