

# Standard Membership Contribution Receipt

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

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

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Period Covered \_\_\_\_\_

Amount Received \_\_\_\_\_

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

Remarks \_\_\_\_\_

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

\_\_\_\_\_  
Member's Signature

*\* This receipt acknowledges the contribution for the above-mentioned standard membership. Please retain for your records.*