

Logo

**Professional Association Name**  
Address Line 1, Address Line 2  
City, State, Zip Code  
Email: info@association.com  
Phone: (123) 456-7890

Membership Payment Receipt

Receipt No.	PR-2024-00123	Date Issued	2024-06-21
Member Name	Jane Doe	Membership ID	MEM-09222
Membership Type	Annual Professional	Period Covered	2024-2025
Payment Method	Bank Transfer	Received By	Accounts Office

Payment Details

Description	Amount (USD)
Membership Fee	120.00
Processing Fee	10.00
Total Paid	130.00

Authorized Signature

	Date: 2024-06-21
Name & Title: John Smith, Finance Manager	

Important Notes:

- This receipt confirms payment and renewal of your professional membership for the covered period.
- Please keep this document for your records and future reference.
- Receipts are only valid when issued by authorized association personnel.
- For inquiries or discrepancies, contact the association's accounts office within 30 days.
- Non-transferable and non-refundable except as per association policy.