Fernwood Women’s Health Club – Club Name

Address

Suburb, State Post Code

Phone: 0X XXXX XXXX

Date

First Last

Member Number

Address

Suburb, State Post Code

**Tax Receipt** of membership payments made to Fernwood Women’s Health Club – Club Name: ABN: XXXXXXXXXXXX

|  |  |
| --- | --- |
| Payments made for the period 01/07/2021 to 30/06/2022 | $100.00 |
| Less refunds | $0.00 |
| **Total** GST inclusive | $100.00 |

Regards,

Membership Administration