

**Member : Example 1**

**ID : 1**

**Reg No : 2.00**

***Member Details***

Name	Example 1
Gender	male
Phone	1234567890
Email	a@b.com
DOB	01-12-2025
Medical History	None
Registration Date	01-12-2025
Address	Some address

***Payment History***

Payment Type	Amount	Payment Date	Expiry Date
quarterly	2500.00	01-12-2025	28-02-2026

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