INVOICE

[Fitness Center Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

[Member Name]
[Member Address]
[Phone Number]
[Member ID]

MEMBERSHIP PERIOD

[Start Date] to [End Date]

Description	Qty	Unit Price	Amount
Annual Membership Fee - [Plan Level]	1	$0.00	$0.00
Personal Training Bundle (Annual)	1	$0.00	$0.00
Locker Rental Fee	1	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Amount: $0.00

Thank you for your membership!

Please make checks payable to [Fitness Center Name].
For inquiries, contact [Email/Phone].