GYM NAME

123 Fitness Street
City, State, Zip
Contact: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

MEMBER INFORMATION

Name: _____
Member ID: _____
Address: _____

BILLING PERIOD

From: _____
To: _____

Description	Qty	Unit Price	Total
Membership Subscription Fee (Monthly/Annual)			
Personal Training Sessions			
Locker/Amenity Fees			

Description	Qty	Unit Price	Total
Other Services			

Subtotal: $_____
Tax (___%): $_____
Total Due: $_____

PAYMENT STATUS:

[ ] Paid [ ] Unpaid [ ] Partial

Notes: Please make checks payable to Gym Name. Monthly subscriptions are billed in advance. Late payments are subject to a 5% penalty fee.