GYM NAME/LOGO

123 Wellness Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Member Name: _____
Member ID: _____
Address: _____
City, State, Zip: _____

PAYMENT STATUS:

Due Date: _____
Payment Method: _____

Description	Billing Period	Amount
Senior Membership Dues (60+)	___/___ to ___/___	$ 0.00
Personal Training Session (Senior Discount)	-	$ 0.00
Locker Rental / Towel Service	___/___ to ___/___	$ 0.00

Subtotal: $ 0.00
Tax: $ 0.00

Total Due: $ 0.00

Note: Membership includes access to silver sneakers programs, pool facilities, and low-impact cardio zones. Please present your ID card at the front desk upon entry.

Thank you for being a valued member of our fitness community!