INVOICE

#INV-_____

DATE ISSUED

_____

GYM PROVIDER

_____
_____
_____

STUDENT MEMBER

Name: _____
ID No: _____
Email: _____

Description	Period	Amount
Student Membership Subscription	____/____ to ____/____	$_____
Facility Maintenance Fee	Annual	$_____

Subtotal: $_____
Student Discount: -$_____
Total Due: $_____

Payment Terms: Due within 15 days of invoice date.

Note: Valid student identification must be presented to maintain discounted rates. All subscriptions are non-transferable.