SPA NAME

123 Wellness Way
City, State, Zip
contact@spa-email.com

INVOICE

Date: _____
Invoice #: _____

BILL TO:

Member Name: _____
Member ID: _____
Address: _____
_____

BILLING PERIOD:

Start Date: _____
End Date: _____

DESCRIPTION	MEMBERSHIP TIER	AMOUNT
Monthly Membership Dues	_____	$ _____
Additional Services / Add-ons	-	$ _____
Account Credit / Discounts	-	($ _____)

TOTAL DUE: **$ _____**

Payment Method: [ ] Credit Card on File [ ] Cash/Check [ ] Online Portal

Thank you for being a valued member of our wellness community.

Late payments may be subject to a fee. Please refer to your membership agreement for terms.