

[STUDIO NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

BILL TO

[Member Name]
[Member ID]
[Address]
[Email Address]

MEMBERSHIP PERIOD

Start Date: _____
End Date: _____
Plan: Annual Premier Access

Description	Qty	Unit Price	Total
Annual Membership Dues (12 Months)	1	\$0.00	\$0.00
Annual Maintenance / Facility Fee	1	\$0.00	\$0.00
Locker Rental (Annual)	1	\$0.00	\$0.00

Subtotal: \$0.00

Tax (___%): \$0.00

Total: \$0.00

Please make checks payable to **[Studio Name]**.

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