



# NADI SPORTS & SOCIAL CLUB

(TENNIS, LAWN BOWLS, SQUASH, SWIMMING, GYMNASIUM, SNOOKER,  
MULTI PURPOSE COURT, BAR AND KITCHEN)

P.O. BOX 200, NAVAKAI ROAD, NADI, FIJI ISLANDS,  
PHONE 670 0239

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Insert your  
photo here

This Form is Valid from 1<sup>st</sup> November 2020 – 31<sup>st</sup> December 2021

## YEARLY - NEW /RENEWAL MEMBERSHIP APPLICATION FORM 2021

### NEW MEMBER

FULL MEMBERS	
New members including senior citizens must pay a nomination fee of <b>\$100</b> .	
Town Family ( <i>within 20km</i> )	<b>\$285</b>
Town Single ( <i>within 20km</i> )	<b>\$190</b>
Country Family ( <i>beyond 20km</i> ) <i>(Attach EFL/ Telecom Bill)</i>	<b>\$190</b>
Country Single ( <i>beyond 20km</i> ) <i>(Attach EFL/ Telecom Bill)</i>	<b>\$152</b>
Senior Citizen ( <i>60+</i> )	<b>Half of the town fee</b>
<b>Corporate as per schedule A of the By Laws</b>	

*Family comprises of couple and children below 18 years of age.*

### RENEWAL: \_\_\_\_\_ (Previous Membership No.)

ASSOCIATE MEMBERS	
Nomination fee of <b>\$150</b> for Non-Residents.	
Student ( <i>below 18yrs</i> )	<b>\$78</b>
Temporary Monthly Family	<b>\$78</b>
Temporary Monthly Single	<b>\$52</b>
Adult Daily Visitors Fees for members guests only ( <i>18yrs &amp; Above</i> )	<b>\$10</b>
Daily Visitors Fees for members guests only ( <i>under 18yrs</i> )	<b>\$5</b>
<i>The Nadi Sports &amp; Social Club and its management will accept no liability for any injury loss or damage to self or property while on the Nadi Sports &amp; Social Club property.</i>	

### MEMBERS DETAILS

Surname	First Name	Date of Birth	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

### Personal Contact Details

Home phone:

Mobile:

Email:

Home Address:

### Employment Details

Organisation:

Position:

Phone:

Work Address:

*I/ We agree to abide by the Constitution and By Laws of Nadi Sports & Social club. A copy of these can be found on the Club Web Page or in the Club Office. I/ We confirm that I have read and understood the contents therein of the said Constitution & By Laws.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### New Members Nomination

Name of Nominated By (1):

Membership No:

Signature:

Name of Seconded By (2):

Membership No:

Signature:

### Office Use Only

Date:

Receipt No:

Amount:

Staff Signature:

Date Card issued:

Approved / Rejected:

**Membership is from January to December yearly. Memberships must be renewed by January yearly.**