



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 E-MAIL: admin@nsscfj.com WEB: www.nsscfj.com

Insert the
photo(s) here

YEARLY - NEW MEMBERSHIP APPLICATION FORM 2024

YEARLY MEMBERS		ASSOCIATE MEMBERS	
Nomination Fee: Fiji Residents - \$100 Non-Residents - \$150		Temporary Monthly Family (Mondays to Fridays – 8am-3pm)	\$120
Town Family** (<i>within 20km</i>)	\$330	Temporary Monthly Single (Mondays to Fridays – 8am-3pm)	\$85
Town Single (<i>within 20km</i>)	\$220	Adult Daily Visitors Fees for members guests only (<i>18yrs & above</i>)	\$30
Country Family** (<i>beyond 20km</i>) (Attach EFL/ Telecom Bill)	\$220	Daily Visitors Fees for members guests only (<i>under 18yrs</i>)	\$10
Country Single (<i>beyond 20km</i>) (Attach EFL/ Telecom Bill)	\$195	**Family comprises of couple and children below 17 years of age.	
Senior Citizen (60+) (Proof of age required)	Half of the town fee	<i>The Nadi Sports & Social Club and its management will accept no liability for any injury loss or damage to self or property while on the Nadi Sports & Social Club property.</i>	

MEMBERS DETAILS		
Surname	First Name	Date of Birth
1.		
2.		
3.		
4.		
5.		

Personal Contact Details
Home phone:
Mobile:
Email:
Residential Address:

Employment Details
Organisation Name:
Position:
Phone:
Work Address:

I/ We confirm that I have read and understood the contents therein of the said Constitution & By Laws and agree to abide by it.

I/We agree to refrain from using the Gym between 4pm – 7pm, Monday to Friday. Membership is valid until 31st December 2024. I/We agree to renew our membership before the end of December to maintain access to the facility & its services.

I/We, _____ do hereby solemnly and sincerely declare that all information provided herein is true and correct to the best of my knowledge. I hereby authorise the Club to use the information for the purpose of updating their record and any other purpose befitting the efficient discharge of their responsibilities.

Signature: _____ Date: _____

New Members Nomination
Name of Proposer:
Membership No:
Signature:
Name of Seconder:
Membership No:
Signature:

Office Use Only
Date:
Receipt No:
Amount:
Staff Signature:
Date Card issued:
Approved / Rejected:

Enclose: Birth Certificate copy, Utility Bills/ Statutory Declaration (for Country Members), Married Certificate/ Statutory Declaration (for defector relationship)