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 2026

2025 Membership ID #: _____

YEARLY MEMBERS	
Nomination Fee: Fiji Residents - **$113** Non-Residents - **$169**	
Town Family** *(within 20km)*	**$394**
Town Single *(within 20km)*	**$282**
Country Family** *(beyond 20km)* *(Attach WAF Bill)*	**$282**
Country Single *(beyond 20km)* *(Attach WAF Bill)*	**$248**
Senior Citizen *(60+)* *(Proof of age required)*	**Half of the town fee**

ASSOCIATE MEMBERS	
Temporary Monthly Family (Mondays to Fridays – 5.30am-3pm)	**$169**
Temporary Monthly Single (Mondays to Fridays – 5.30am-3pm)	**$113**
Adult Daily Visitors Fees for members guests only *(18yrs & above)*	**$30**
Daily Visitors Fees for members guests only *(under 18yrs)*	**$10**
***Family comprises of couple and children below 17 years of age.*	
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.	

MEMBERS DETAILS		
Surname	**Given Names**	**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. Membership is valid until 31st December 2026. 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 Paid:
Staff Signature:
Date Card issued:
Approved / Rejected:

Enclose: Birth Certificate copy for each applicant, Utility Bills/ Statutory Declaration (for Country Members), Married Certificate/ Statutory Declaration (for Married Couples or Defacto relationship). *All prices are subject to VAT*