



**NDOLA GOLF CLUB
SUBSCRIPTIONS AND LEVY FEES FORM
2014 - 2015**

Membership Particulars

Full Name	<input type="text"/>	Spouse's Name	<input type="text"/>
Residential Address	<input type="text"/>	Postal Address	<input type="text"/>
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>

Membership Category (Tick Applicable)

Full Membership (Joint)	<input type="checkbox"/>	Full Membership (Single)	<input checked="" type="checkbox"/>
Life Member	<input type="checkbox"/>	Non Playing Spouse	<input type="checkbox"/>
Honorary Member	<input type="checkbox"/>	Country Member	<input type="checkbox"/>
Senior Member	<input type="checkbox"/>	Social Member	<input type="checkbox"/>

Green Fees

Full Fees	<input type="text"/>
Quarterly Fees	<input type="text"/>
Pay As You Play	<input type="text"/>

Joining Fees (New Members Only)

ZMW

Full Playing Member (Joint)	610.00	<input type="checkbox"/>
Full Playing Member (Single)	360.00	<input checked="" type="checkbox"/>
Non Playing Spouse	360.00	<input type="checkbox"/>

Fee Structure

Subscription - Full Playing Member (Joint)	1,545.00	<input type="checkbox"/>
Subscription - Full Playing Member (Single)	910.00	<input checked="" type="checkbox"/>
Subscription - Non Playing Spouse	275.00	<input type="checkbox"/>
Subscription - Country Member	550.00	<input type="checkbox"/>
Subscription - Social Non Playing Member		<input type="checkbox"/>
Subscription - Life and Honorary Member	N/A	<input type="checkbox"/>
Green Fees - Full Playing Member (Joint)	2,210.00	<input type="checkbox"/>
Green Fees - Full Playing Member (Single)	1,300.00	<input type="checkbox"/>
Green Fees - Life and Honorary Member	1,300.00	<input type="checkbox"/>

Total Subscriptions and Green Fees

Zambia Golf Union	50.00	<input type="checkbox"/>
Zambia Ladies Golf Union	50.00	<input checked="" type="checkbox"/>

Locker Rent : Locker # L = K385 M = K330 S = K275

Golf Cart Parking 550.00

Undercover Parking (Subject to Availability) 3,500.00

Total Membership Fees Payable K **1,320.00**

Member's Signature _____

Date: _____

*** Payment plans for retirees will be considered on an individual basis**