

**Central Community Services Department**  
**Salary Deduction Authorization**

Adult Golf Association Member.....	4500SR x _____	membership(s) = _____	SR
Adult Association Non-Member.....	5500SR x _____	membership(s) = _____	SR
Junior (under 21) Association Member.....	2250SR x _____	membership(s) = _____	SR
Junior (under 21) Association Non-Member.....	2750SR x _____	membership(s) = _____	SR
Adult Golf Association Member (weekdays).....	3000SR x _____	membership(s) = _____	SR
Adult Non-Dhahran residents (Fri - Sat only)..... <i>(Saudi Aramco Holidays)</i>	3000SR x _____	membership(s) = _____	SR
Adult Association Non-Member (weekday).....	4000SR x _____	membership(s) = _____	SR
Junior (under 21) Association Member (weekdays).....	1500SR x _____	membership(s) = _____	SR
Junior (under 21) Assoc. Non-Member (weekdays).....	2000SR x _____	membership(s) = _____	SR
Junior (under 21) Non-Dhahran residents (Fri - Sat only)..... <i>(Saudi Aramco Holidays)</i>	1500SR x _____	membership(s) = _____	SR
<b>Grand total to be deducted:</b>			<b>SR</b>

Member Name: \_\_\_\_\_ Gender: M / F Adult / Junior Bag Tag: \_\_\_\_\_

Member Name: \_\_\_\_\_ Gender: M / F Adult / Junior Bag Tag: \_\_\_\_\_

Member Name: \_\_\_\_\_ Gender: M / F Adult / Junior Bag Tag: \_\_\_\_\_

Member Name: \_\_\_\_\_ Gender: M / F Adult / Junior Bag Tag: \_\_\_\_\_

Member Name: \_\_\_\_\_ Gender: M / F Adult / Junior Bag Tag: \_\_\_\_\_

**I undersigned hereby authorize Central Community Services Department to deduct SR\_\_\_\_\_ ( SR) cost of Annual Rolling Hills Golf Club Greens Fee (as listed above) equally divided between my salary for the first 3 months of the 2024 Calendar year or one time as indicated below. By signing, I understand that I am committing to the full payment of the amount listed above and that no refunds will be given for any reason including injury.**

**Please choose your payment method:**  Full amount to be deducted \_\_\_\_\_ (one time payment)  
 Full amount deducted over a 3 month period (\_\_\_/\_\_\_/\_\_\_)

*(Please fill in your information below clearly and completely)*

**Employee Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ (W) \_\_\_\_\_ (H)

**Badge No:** \_\_\_\_\_ **CD:** \_\_\_\_\_ **P.O. Box #:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*OFFICE USE ONLY\*\*\*

Retiree? \_\_\_ Saudi \_\_\_ Expat Ref # \_\_\_\_\_ Monthly Deduction: \_\_\_\_\_ SR  
(attach copy of both sides of ID)



**Ref #** \_\_\_\_\_

**Gardening Services Division**

*Tel: 872-5898*

**Confirmation Slip**

Paid SR \_\_\_\_\_ ( SR) through Payroll Deduction for 2024 RHGC Greens Fee.