

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)..... (Saudi Aramco Holidays)	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)..... (Saudi Aramco Holidays)	1500SR x _____	membership(s) = _____	SR
Grand total to be deducted:			SR

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 2025 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 2025 RHGC Greens Fee.