

2024 Membership Agreement and Fees

Name		Date
Mailing Address – Street	City	Zip Code
Home Phone	Cell Phone	Date of Birth
Email Address for Club Corresponde	nce	
Membership Package:		
Referred By (for New Membe	rs Only):	
Name of Spouse/Partner (if applicable	e) Cell Phone	Email Address
Please check if you are inte	rested in: Cournaments Club Leagues Clu	h Social Events
Membership Package Fee		\$
Add fee for GHIN only Registration/Administration \$45.00):		\$
Annual Cart Fee- Premium	Members Only	\$
Total Investment		Enclosed: \$
Please make payments to:	Kings Crossing Golf Club, Inc.	
	655 Old Baptist Road	
	North Kingstown, RI 02852	
December 31, 2024 unless otherwise n weather conditions. <u>Memberships are</u> with credit card subject to a 2.5% fee Crossing Golf Club is not responsible responsible for any membership costs	berships are valid for the 2024 Golf/Pickleball Season toted based on Plan, Promotions or payment options. <u>I not refundable, may be transferred at the discretion</u> . Members are responsible for reviewing all members for providing any additional services beyond those do or reimbursements resulting from weather, member siness or any other unforeseen circumstances.	The Club open and close dates are dependent of the Club. Memberships may be purchased ship requirements, rules and regulations. Kin escribed herein. KCGC shall not be held