



CrossRoads Golf Course
 PO Box 176
 Carrington ND, 58421



2024 Membership Application

Name: _____

Address: _____

Email: _____ Phone: _____

****2.5% fee added to payments by credit card**** **Membership includes tax already****

Type of Membership	Before May 1 st	May 1 st	Total
Family	\$560	\$590	_____
Family (20 miles out)	\$500	\$500	_____
Single	\$430	\$450	_____
Single (20 miles out)	\$380	\$380	_____
Student (Under 21)	\$135	\$140	_____
(Birth Date _____)			
Social	Free	Free	_____
Social, Voting Rights	\$40	\$45	_____
Reciprocity from _____ Golf Course (must include proof of membership)			
Reciprocity	\$250	\$250	_____
Reciprocity Family	\$375	\$375	_____
Other Fees:			
Range Pass	\$50	\$50	_____
Unlimited Cart	\$600	\$600	_____
*Handicap	\$30	\$30	_____
Handicap Flag	\$50	\$50	_____
Trail Fees	\$60	\$60	_____

Handicap fee is needed for Men's City Tournament and Senior Golf on Tuesdays

GRAND TOTAL _____

If wishing to set up a payment plan, they must be approved by the clubhouse manager and paid in 3 equal installments and paid in full by June 1st. The rates will not be discounted.

Membership must be paid before any round of golf is played, if failure to do so a green fee will be applied on top of membership dues.

Unlimited Cart rental is for 1 cart per fee.

Other young member golfing under your family membership: (youth 21 or younger as of 1-1-2024)

Youth Name: _____ Age: _____

Youth Name: _____ Age: _____

Youth Name: _____ Age: _____

Any member wishing to charge or run tab will be required to have a valid credit card on file.

Any unpaid balance as of the 10th of each month will be charged to the credit card on file.

*Signature required: _____

Member Signature – By signing you agree to all terms and conditions listed above.