***The Crossings, Inc.***

***P. O. Box 190***

***Fall Branch, TN 37656***

**2024 – Membership Application Form**

***Associated Fees:***

Members are responsible for the Associated fees of the Club which include, but are not limited to, Initial Membership Fee, Monthly Dues, Trail Fee, Assessment, Cart Fee. Associated fees may be adjusted by the Board of Governors as necessary in accordance with the rules and regulations to ensure operations of the Club.

***Associated Fee Amounts – 2024***

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| --- | --- | --- |
| Applicant hereby applies for membership to The Crossings, Inc. (or, the Club) by completing and submitting this application form along with: | Initial Membership Fee | *$250.00* |
| 1. Payment of all associated fees, and | Monthly Dues | See Table Below |
| 1. Copy of Driver’s License, and agrees to the following terms and conditions: 2. Initial payment may be made with your choice of payment method. ACH bank draft required with future monthly dues which will be deducted the first business day of each month. | Trail Fee, payable in January | $150 single or $300 family |
|  |  |  |
|  | Cart Rental Fee Per Person | *$10* |
|  | Player Fee Per Person | *$2 per round* |

***2024 Fee Schedule Table***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Non-refundable Fees:***  Upon approval of application by the Board of Governors and membership status granted, Applicant acknowledges and understands any and all associated fees are non-refundable. | ***Membership Fee Payment Options***  Initial preferred method of paying the one-time $250.00 initial membership fee: | |  | Regular Membership Type | **Select**  **Type** | **Age Group** | **Monthly Dues** | **Annual Trail Fee** |
|  | Single Under 30 |  |  | $150 | $150.00 |
| ***Refundable Fees:***  Upon rejection of application by the Board of Governors and membership status denied, Applicant acknowledges and understands any and all associated fees will be returned. | 1.\_\_\_\_\_$250.00 payment attached with application. | |  | Single 30 - 64 |  |  | $200 | $150.00 |
|  | Single 65 - + |  |  | $175.00 | $150.00 |
| ***Ability to Bear Economic Burden*** |  | |  | Family |  |  | $250.00 | 300.00 |
|  | Yearly Weekday Cart Fee |  |  | $400.00 | na |
| Applicant hereby represents and warrants that he/she is able to bear the economic  burden of the associated fees required of membership to the Club. |  | |  |  |  |  |  |  |
|  |  |  |  |  |  |
| ***Non-Transferable Membership***  The applicant acknowledges and understands that his/her membership will be non-transferable.  ***Annual Trail Fee***  The membership type selected by applicant will determine Annual Trail Fee amount.  The primary purpose of an annual trail fee is to maintain cart paths or other business burdens. |  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| ***No ownership of private carts allowed***  Members who joined previous to 2023 are allowed to own, use and store carts on the premises. Outside carts are not allowed to be brought onto the course for use. |  | ***Club's Right to Reject***  The applicant acknowledges and understands that The Crossings, Inc. reserves the right to reject the application without cause for membership to the Club. | | | | | | |
|  |  | | | | | | |
| |  | | --- | | Termination of Membership by Member The applicant acknowledges and understands that **written notification** of the member’s resignation must be submitted to The Crossings, Inc. | |  | ***No Expectation of Profit***  Applicant understands that he/she has no expectations of capital appreciation, nor dividends, interest, or other income, from The Crossings, Inc. regarding the value of their initial membership fee. | | | | | | |
|  |  | **Leave of Absence Request by Member**  The applicant acknowledges and understands that **written notification** of the member’s request for a Leave of Absence must be submitted to The Crossings, Inc. | | | | | | |

***The Crossings, Inc.***

***P. O. Box 190***

***Fall Branch, TN 37656***

**2024 – Regular Membership Application Form**

**Membership Process**

Applicant must submit this completed membership application form. Applicant will be placed on a waiting list and upon approval of application by the Board of Governors; applicant will be notified and shall immediately become a full member of The Crossings, Inc. with all rights and privileges accorded.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/dd/yy

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Family Membership, please complete the following for all family members who will be included in this membership:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date & Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**The Crossings Inc. Use Only**

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Date Application Received Received by (club employee)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Application Posted Date Approved by Board New Member Number