



GOLF ASSOCIATION / GHIN APPLICATION

* Indicates required information

* Last Name _____ * First Name _____ MI _____

* Address _____

* City _____ * State _____ * Zip Code _____

* D.O.B. _____ Phone Number (____) _____

* GHIN # _____ (If renewing or transferring from another club.
New members will be assigned a GHIN Number)

Email _____

If you are transferring to Cranston Country Club from another golf course please indicate below the course from which you are transferring.

* Course Name: _____

Membership Type

FULL: \$125.00 _____
Includes GHIN / RIGA and
Cranston CC Golf Association Full Weekend Participation

PARTIAL: \$60.00 _____
CCCGA Includes GHIN/RIGA (Weekday Members)
Open to CCC Weekday Members or League Members

Signature _____ Date _____

Make checks payable to: **Cranston CC Golf Association. Applications should be sent by April 19, 2026 to allow for membership processing by the RIGA.**

Mail to: **Cranston Country Club
ATTN: Golf Association
69 Burlingame Road
Cranston, RI 02921**