



Cheshire County Fish & Game (www.ccssef.org)

PO Box 233, Keene, NH 03431-0233 (603)-352-8563

2019 RENEWAL UPDATE APPLICATION

(* Indicates Required Info)

CHECK ONE (2018 Fees)

- Regular- **\$150** Senior(65+)- **\$100** Full-Time Student(18-24)-**\$100**
- Veteran & First Responders 100% Service Disability-**Free** Active Military-**Free**
- Guard/ Reserve-**\$100** Archery Only-**\$80**
- Renewal with referrals - **Free** (please list referrals below)

Free renewal with referrals - I referred at least two new Regular (\$150) members or any combination of three paying members, all of whom listed me on their applications as having referred them. Their names:

1) _____ 2) _____ 3) _____

PLEASE MAKE CHECKS PAYABLE TO "CCSSEF" AND RETURN TO ADDRESS ABOVE.

*Vehicle License Plate # _____ *State _____

*Email Address: _____

*Have there been any changes during the past year to your membership information?

- No Yes (please **PRINT** changes below)

*Are you a member of the NRA? (For Grant Purposes) No Yes

*Member's Name: (Please **PRINT**) _____

*Member's Signature: _____ *Date: _____

Thank you for your renewal; see you at the Club! - *Board of Directors, CCSSEF*

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Cheshire County Fish & Game** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account. **ADD 5%FOR CREDIT CARD FEE**

Please complete the information below:

I _____ authorize **CCF&G** to charge my credit card
(full name)

account indicated below for _____ on or after _____
(amount) (date)

This payment is for _____
(description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ___ Visa ___ MasterCard ___ AMEX ___ Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ 3 digit security number on back of card _____