



Cheshire County Shooting Sports Education Foundation
 PO Box 233, Keene, NH 03431-0233 • (603) 352-8563 • www.ccssef.org

20__ RENEWAL UPDATE APPLICATION

CHECK ONE

- 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**
 - Donation \$ _____
 - Indoor Range - **\$75** *Indoor Range membership is only available with purchase of regular membership.*
 - Renewal with Referrals **FREE** (please list referrals below) ➔ Total Due \$ _____
- 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) _____

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

Primary Member's Signature: _____ Date: _____

Primary Email Address: _____

Primary Vehicle License Plate #: _____ State: _____

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

Secondary Member's Signature: _____ Date: _____

Secondary Vehicle License Plate #: _____ State: _____

DEFINITIONS: Primary Member – Membership Applicant / Secondary Member – Membership Applicant's Spouse, Significant Other or Partner who has qualified for their own membership card

Number of renewal membership cards to be issued: _____

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

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

Thank you for your renewal!

One Time Credit Card Payment Authorization Form

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

Please complete the information below if using Credit Card:

I _____ (FULL NAME) authorize CCSSEF to charge my credit card account indicated below for
 \$ _____ (AMOUNT) on or after _____ (DATE). This payment is for _____ (DESCRIPTION OF GOODS/SERVICE).
 Billing Address: _____ Phone #: _____
 City, State, Zip: _____ Email: _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	
Cardholder Name: _____	
Account Number: _____	
Expiration Date: _____	CVC Code (3 digit security number on back of card): _____

A renewing member may either take the SOP Test or they may sign the following SOP Acknowledgment.

____ I have opted to take the SOP Test. My score is ____%. (An SOP Test score must be 90% or higher.)

STANDARD OPERATING PROCEDURES (“SOP”) ACKNOWLEDGMENT

I hereby acknowledge that I have received and I have read the CCSSEF Standard Operating Procedures (“SOP”), as most recently revised as of this date.

The SOP is a working document which sets forth the guidelines and procedures implemented at the CCSSEF complex, as adopted by the CCSSEF Board of Directors. The property is also known as the Ferry Brook Range, and straddles both the towns of Keene and Sullivan, New Hampshire.

The CCSSEF Range Safety Officers (“RSO”) Team is committed to responsible safe gun handling and shooting everywhere on the range premises and is responsible for the SOP. The SOP is updated from time to time to reflect changes and revisions to insure a safe and efficient shooting complex for the various range disciplines practiced at Ferry Brook Range.

Primary Member’s Signature: _____ Date: _____

Primary Member’s Name: (Please **PRINT**) _____

Secondary Member’s Signature: _____ Date: _____

Secondary Member’s Name: (Please **PRINT**) _____

DEFINITIONS: Primary Member – Membership Applicant / Secondary Member – Membership Applicant’s Spouse, Significant Other or Partner who has qualified for their own membership card

To obtain a copy of the SOP, as most currently revised, you may:

- **Log on to the CCSSEF website at ccssef.org, and select the Safety tab. This saves CCSSEF the cost of printing and mailing.**
- **Visit the CCSSEF office at 19 Ferry Brook Road in Keene, and pick up a copy of the SOP; they will be available on the counter on the first level of the meeting house.**
- **Call the CCSSEF office at 603-352-8563, to request a copy by mail.**

INDOOR RANGE MEMBER AGREEMENT

By paying the annual CCSSEF Indoor Range fee/dues and joining the CCSSEF Indoor Range, CCSSEF members are granted access to the Indoor Range during “Open Hours” and “Public Hours” when IR Range Safety Officers (“RSO”) are on duty. During Public Hours, this access is on a space-available basis as hourly-paying public guests will have priority to the use of the Indoor Range.

Indoor Range Members are encouraged to complete the Indoor Range Certification Briefing, and initial and sign the agreement below. This will allow access to the Indoor Range, except at the time when scheduled activities/events are occurring. The Indoor Range Certification Briefing can be administered by the Indoor Range Manager, Chief RSO or any Indoor Range RSO.

As a certified CCSSEF Indoor Range Member, I agree to the following:

- | | | |
|--|------------------------|--------------------------|
| 1. I have received a copy, read and understand the Indoor Range Rules. I agree it is my responsibility as a member to follow these | Primary Initials _____ | Secondary Initials _____ |
| 2. I agree to complete the checklist requirements when I enter and when I leave the Indoor Range. | Primary Initials _____ | Secondary Initials _____ |
| 3. I agree that I am responsible for any non-member guest I bring to the Indoor Range. | Primary Initials _____ | Secondary Initials _____ |
| 4. I agree that I am responsible for any damage to the Indoor Range caused by me or by my guest(s) caused by my negligence or my guest(s). | Primary Initials _____ | Secondary Initials _____ |

Primary Member’s Signature: _____ Date: _____

Primary Member’s Name: (Please **PRINT**) _____

Secondary Member’s Signature: _____ Date: _____

Secondary Member’s Name: (Please **PRINT**) _____

DEFINITIONS: Primary Member – Membership Applicant / Secondary Member – Membership Applicant’s Spouse, Significant Other or Partner who has qualified for their own membership card

EMERGENCY CONTACT INFORMATION:

Primary Name: _____	Relationship: _____
Telephone: _____	Alternate Telephone: _____
Back-up Name: _____	Relationship: _____
Telephone: _____	Alternate Telephone: _____