



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

## 20\_\_ INDOOR RANGE APPLICATION

**CHECK APPLICABLE**

Indoor Range - **\$75**       Pro-Rate for 20\_\_ - \$\_\_\_\_\_       Donation \$\_\_\_\_\_       Credit Card Fee \$\_\_\_\_\_

*Indoor Range membership is only available with purchase of regular membership.*

CASH    CHECK    CREDIT CARD    GIFT CERTIFICATE      ➔ **Total Due \$** \_\_\_\_\_

Member's Name: (Please **PRINT**) \_\_\_\_\_ Date: \_\_\_\_\_

### 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 _____ |

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner Name: (Please **PRINT**) \_\_\_\_\_

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

#### 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): _____

#### Office Use Only

I have verified that the application is legible, complete, and signed.

Membership Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Revised 1/01/23