



20__ RENEWAL UPDATE APPLICATION

CHECK APPLICABLE

- 1. Membership - **\$150** \$ _____
- Senior (65+) - **\$100** Archery Only - **\$80** Full-time Student (18-24) - **\$80** \$ _____
- Guard Reserve (new) - **\$0** Veteran 100% Service-Connected Disability - **\$0** Active Military **\$0** \$ _____
- 2. Indoor Range - **\$75** *Indoor Range membership is only available with purchase of regular membership* \$ _____
- 3. Donation to support Foundation Activities \$ _____
- 4. Credit Card Fee 5% \$ _____
- 5. **Total** CASH CHECK CREDIT CARD GIFT CERTIFICATE ➔ \$ _____

Membership year runs from January 1 to December 31. Dues and fees are non-refundable. Memberships are non-transferable.

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.

Thank you for your renewal!

Member's Name: (Please PRINT) _____

Member's Signature: _____ Date: _____

Email Address: _____

Vehicle License Plate #: _____ State: _____

EMERGENCY CONTACT INFORMATION:

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

Have there been any changes during the past year to your membership information? No Yes

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

Office Use Only

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

Membership Representative Name: _____ Signature: _____

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: Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ CVC Code (3 digit security number on back of card): _____