



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

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!

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: _____

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

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 ccscef.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.

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 and Mailing Application:

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: _____