



Cheshire County Shooting Sports Education Foundation

PO Box 233, Keene, NH 03431-0233 • (603) 352-8563 • www.ccssef.org

NEW MEMBERSHIP APPLICATION for Calendar Year 20__

Applications for new membership are processed on site every Saturday between 10am & 1pm or email gm@ccssef.org for appointment. A CCSSEF representative will review your application form and, if acceptable, complete the safety orientation process, and accept your payment. Alternately, you may mail your application with the new-member application fee of \$75, along with the appropriate dues (found on the application form) to "CCSSEF, PO Box 233, Keene, NH 03431-0233". **Membership is not finalized until you visit the Club to complete the other requirements. Applications for membership renewal that are fully completed may be mailed with payment.**

Membership Category and Dues/Fees

1. ☐ New member safety orientation fee - **\$75** **Orientation Fee waived for FREE categories.** \$_____
2. ☐ Membership - **\$175** \$_____
☐ Senior (65+) - **\$125** ☐ Archery Only - **\$80** ☐ Pro-rated for 20__ - \$_____ ☐ Full-time Student (18-24) - **\$80** \$_____
☐ Guard Reserve (new) - **\$0** ☐ Veteran 100% Service-Connected Disability - **\$0** ☐ Active Military **\$0** \$_____
3. ☐ Indoor Range - **\$75** *Indoor Range membership is only available with purchase of regular membership* ☐ Pro-rated for 20__ - \$_____ \$_____
4. ☐ Donation to support Foundation Activities \$_____
5. ☐ Credit Card Fee 5% \$_____
6. **Total Dues** ☐ 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.

Applicant Information

Full Name (first/middle/last) _____ Date of Birth (mm/dd/yyyy) ____/____/____
Physical Address (town/city) _____ (state) _____ (zip+4) _____
Mailing Address (if different from above) _____ (state) _____ (zip+4) _____
Primary Telephone (_____) _____ Email (for newsletter/important notices) _____
Vehicle License Plate Number _____ State _____ Are you an NRA member (for grant purposes)? No ☐ Yes ☐
Your Employer _____ Location _____

Families, please list members who reside within same household:

1. Spouse/partner (safety orientation, background check, SOP test & signatures are required to receive separate membership card)
2. Dependent children under age 18, who will shoot only when accompanied by an adult member (names/ages):

Emergency Contact Information

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

Areas of Interest/Survey

- ☐ Archery (Adult) ☐ Archery (Junior) ☐ Cowboy ☐ Muzzleloader/Black Powder ☐ Pistol/Revolver
☐ Small-Bore (Adult) ☐ High-Power (100 yards) ☐ High-Power (300/600 yards) ☐ Steel Challenge ☐ Action Pistol
☐ Small-Bore (Junior) ☐ Trap ☐ Five-Stand ☐ Other _____
☐ Training, such as _____
- How did you hear about CCSSEF? ☐ Internet Search ☐ Friend ☐ Member ☐ Shopper ☐ Hawkeye
☐ Gun Store _____ ☐ Radio ☐ NRA ☐ NSSF

Safety Information

Your safety is of paramount importance. As the purchasing member, it is your responsibility to ensure that any family members using the facility are in compliance with safety and range rules at all times.

1. I certify that I have taken the SOP Test either on the CCSSEF website or at the meetinghouse and achieved a passing score of 90%.
Applicant: No ☐ Yes ☐ Spouse: No ☐ Yes ☐ Applicant Score _____ Spouse Score _____
2. Have you ever been convicted of a felony or violent misdemeanor or otherwise been prohibited from handling or possessing firearms?
Applicant: No ☐ Yes ☐ Spouse: No ☐ Yes ☐
3. Are you an unlawful user, or addicted to, marijuana, any depressant, stimulant, or narcotic drug or other controlled substance?
Applicant: No ☐ Yes ☐ Spouse: No ☐ Yes ☐

(OVER)

4. Have you ever been adjudicated legally incompetent or mentally incapacitated; adjudicated an incapacitated person; involuntarily admitted to a facility or involuntarily ordered to outpatient mental health treatment; or been the subject of a temporary detention order and subsequently agreed to voluntarily admission for mental health treatment? Applicant: No ☐ Yes ☐ Spouse: No ☐ Yes ☐
5. Have you been suspended, expelled, or asked to limit your membership in any way by any sporting club or association? Applicant: No ☐ Yes ☐ Spouse: No ☐ Yes ☐
6. If you observe an unsafe act, will you respectfully bring it to the attention of individual/s involved and, if necessary, record his/her license plate number and report the incident to any Director listed on your membership card? Applicant: No ☐ Yes ☐ Spouse: No ☐ Yes ☐

For all new members

To demonstrate my safe standing in the community, I choose to present one of the following:

Self Spouse

- ☐ ☐ An original certified criminal history record issued by the State Police of the state in which I reside.
- ☐ ☐ A current License to Carry or a current Firearms Identification Card issued by the Police Department of the town in which I reside and showing original signatures.
- ☐ ☐ A receipt in your own name from a federal firearms licensee showing proof of purchase of a firearm (excepting purchase of a muzzle- loader firearm.
- ☐ ☐ Because my state of residence does not require a license to carry concealed, a NH License to Carry under NH RSA 159:6, 1.(b)
- ☐ ☐ Active Military ID

To demonstrate my basic safe gun-handling practices, I choose to present one of the following:

Self Spouse

- ☐ ☐ Firearm basic safety training certification in my name.
- ☐ ☐ Firearms training instructor certification in my name.
- ☐ ☐ Range safety officer (RSO) certification in my name.
- ☐ ☐ Competitor's classification card/badge in my name.
- ☐ ☐ Law enforcement officer identification in my name.
- ☐ ☐ Hunter safety education card in my name and dated since 2000.
- ☐ ☐ Hunter safety instructor certification in my name.
- ☐ ☐ Certification by a Range Safety Officer that s/he witnessed my ability to handle my firearm safely.

☐ Safety
Orientation
Completed

1st Demonstrator's Name: _____ RSO Name: _____

RSO Signature: _____ Date: _____

2nd Demonstrator's Name: _____ RSO Name: _____

RSO Signature: _____ Date: _____

Representations by Applicant(s) - please read carefully

As a condition for applying for membership in the Cheshire County Shooting Sports Education Foundation Inc. (CCSSEF), I:

- UNDERSTAND that I will not be granted membership until the Board of Directors or a designee has reviewed and approved my membership application and I have completed member safety orientation;
- UNDERSTAND that a routine inquiry may be made to confirm the information provided on this application and to provide additional information concerning my character and general reputation;
- CERTIFY that I am a person of good repute living within the United States of America and that I am not a member of any organization that has any part of its program to overthrow the Government of the United States by force;
- AGREE to be bound by the Bylaws of CCSSEF, along with the Range Rules (on our website at www.CCSSEF.org, posted at the ranges, listed on each membership card, and available in the meetinghouse), the Standard Operating Procedures, and any other directives approved by the Board of Directors of CCSSEF;
- UNDERSTAND that violation of any range safety or conduct rules or Standard Operating Procedures by myself, my family members, or my one-time guests may result in my suspension, probation, suspension with probation, or termination of membership from CCSSEF, forfeiture of all membership fees, and possible legal action.
- UNDERSTAND that CCSSEF reserves the right to protect its property by use of surveillance;
- ACKNOWLEDGE and agree that the activities that take place on the property of CCSSEF potentially are very dangerous and involve the risk of serious injury and/or death;
- ACKNOWLEDGE and agree that, in consideration of participating in programs, events, and activities sponsored by or held at CCSSEF, I hereby assume full responsibility for and risk of bodily injury, death or property damage due to the negligence of CCSSEF, its agents and employees, which I currently have or which may arise while I, anyone in my household (if a family membership), or any of my one-time guests are participating in any programs, events or activities held at or sponsored by CCSSEF, its agents and employees;
- RELEASE, WAIVE, and INDEMNIFY, on behalf of the above-named minor dependent children listed above in the Applicant Information section, CCSSEF, its agents and employees from any claims of any type, including claims for personal injury, against CCSSEF, its agents and employees on account of; discharge CCSSEF, its agents and employees from any liability on account of; and covenant not to sue CCSSEF, its agents and employees on account of any and all loss or damage and any claims or demands therefore on account of the negligence of CCSSEF, its agents and employees which the above-named minor(s) currently has/have or which may arise while said minor(s) is/are participating in any programs held at or sponsored by CCSSEF its agents and employees;
- WARRANT that I am the parent or guardian of the above-named minor(s), that I have read and understood this Release, Waiver and Indemnification, and have the legal authority to execute it. I hereby release and agree to indemnify the Cheshire County Sports Shooting Foundation and its respective successors and assigns, from and against any and all liability arising out of the exercise of the rights granted by the above Release, Waiver and Indemnification.
- CERTIFY that the information provided in this application is complete and accurate to the best of my knowledge;
- UNDERSTAND that misrepresentations on this application may result in disciplinary review by the Board of Directors for possible action up to and including dismissal from CCSSEF;
- ACKNOWLEDGE that I am signing this application, release, and waiver of liability voluntarily as my own free act and deed, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.
- AGREE that this Release, Waiver and Indemnification shall be binding upon me and my heirs, legal representatives, and assigns.

Printed Name: _____ Signature: _____ Date: _____

Spouse/partner in same household: _____ Signature: _____ Date: _____

Office Use Only

☐ I have verified that the application is legible, every question has been completed fully, that signatures are in place where noted: ☐ I have examined the safety documents showing original signatures and approve this applicant for membership: ☐ I have examined the safety documents showing original signatures and approve the spouse/partner for membership.

Assigned Gate Card #: _____

Membership Representative Name: _____ Signature: _____

Revised 6/21/24