

Membership Application Process

Membership Types:

There are two membership types:

1. Firearms Membership (Member and Guests have access to all ranges)
2. Archery Only Membership (Member and Guests are restricted to the Archery Range)

Single memberships are available for one adult over 18. Senior memberships are for those 65 and over. Family memberships are available for one adult, their spouse/partner, and children age 18 thru 22, if a full-time student. Each family member must provide a separate application and complete documentation as indicated in the Membership Application Process section.

The dues are the same for both membership types. See Dues section for membership fees.

Membership Application Process:

1. The applicant (each applicant in the case of a family) completes an Exeter Sportsman's Club (ESC) Membership Application/Indemnity Agreement (form attached). Specify either the **Firearms and Archery** box or the **Archery Only** box. Also check the applicable **Single, Family, Senior, Senior Family** box. Ensure that your email address is legible so we can contact you.
2. The application includes payment of the membership dues (See Dues Chart below).
3. The application includes either a copy of a valid Concealed Carry License (CCL), or a copy of an approved New Hampshire Criminal History Record Check (CHRC) [one or the other - not both] for each applicant. Exceptions to this are carry permits from other states (send permit) and active law enforcement members (send proof).

Note: If you use a CHRC, in Section II of the form, "Name of Person/Firm to Receive Record", specify your name and address. Include \$25 and a stamped self addressed envelop and mail the form to: Criminal Records Unit, Hazen Dr, Concord, NH 03305. State Police will stamp it *Approved* and return it to you. Send ESC a copy of the approved form with your application and dues. If you use a CCL, complete the form and bring it to your local police department for processing. Include a copy of the approved CCL with your application and dues.

Send the application(s), copies of all CCLs, or approved CHRCs, and dues payment to: ESC, PO Box 1936, Exeter, NH 03833

All required documents, including payment of dues, must be submitted prior to completing membership. When we receive the paperwork, we will contact you for next steps, which includes answering a questionnaire concerning your experience.

For Firearms applicants with little or no firearms or range experience, we may require that they complete an instructor-led NRA approved firearms safety course that includes range shooting time before we approve their application, or we may ask them to meet with our Range Safety officer for hands-on range training.

When all the above requirements are complete, we will invite you to a Membership meeting. All applicants must attend a Membership meeting. At the meeting each applicant will introduce themselves, present a brief verbal resume of their firearms experience, and schedule a range orientation with the Range Safety Officer.

As a final step in the membership process, all members must attend a range orientation session to learn the range rules.

Dues (The listed dues are the full fee for Firearms membership, they already include the application fee):

Month Joined	Single	Family	Senior	Senior Family
March*-Apr-May-Jun	\$175	\$225	\$165	\$215
July-Aug-Sept	\$144	\$181	\$136	\$174
Oct-Nov-Dec	\$113	\$138	\$108	\$133
January-February	\$81	\$94	\$79	\$91

*Dues for individuals accepted in March are applied to the next membership year

THE EXETER SPORTSMAN'S CLUB, INC

111 Portsmouth Avenue
P.O. Box 1936
Exeter, New Hampshire 03833-1154
<http://www.exetersc.com>

MEMBERSHIP APPLICATION

New member dues include a one-time \$50.00 fee per applicant/family.

Dues portion pro-rated after June 30

Pro-rated dues schedule available on our website's New Member's Page

Please make checks payable to: **EXETER SPORTSMAN'S CLUB INC.**

First: _____ MI: _____ Last: _____ DOB: _____
Street: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ U.S. Citizen? Y: _____ N: _____
Phone: _____ Alternate Phone: _____

Membership: ☐ Firearms ☐ Archery Only (Member is restricted to the archery range)

Membership Type: ☐ Single ☐ Family ☐ Senior Single ☐ Senior Family

*For Family Memberships include spouse/partner's name, names and ages of any children 18 to 22 if a full time student(include documentation). **Separate applications are required and all other membership requirements apply for each family member:*** _____

Applicant, spouse/partner, and children (if applicable) must submit either a concealed carry license (CCL) or a recently completed (within 6 months) NH Dept. of Public Safety Criminal History Records Check (CHRC). CHRC can be obtained for \$25.00 in person at Concord, NH or by mail. Visit the NH State Police web site for CHRC forms. Visit your local police dept for CCLs

The application process includes being invited to attend a membership meeting on the third Monday of the month at 7:00PM (except December), and attending an ESC range orientation. If unable to attend a members' monthly meeting, the Board Of Directors will consider alternative options.

Completion of the application process includes completing a Firearms or Archery experience resume. For applicants with little or no firearms or range experience, we may ask that they complete a basic firearms course that includes range shooting time before we approve their application. Or, they may be asked to meet with the Range Safety Officer to evaluate their experience level.

Please submit application with signed Release And Indemnity Agreement form, a copy of your CCL or CHRC, and Dues payment to: ESC, PO Box 1936, Exeter, NH 03833

I certify that I will endeavor to fulfill the obligations of good sportsmanship, citizenship and volunteerism.

Signed: _____ Date: _____

Club Secretary Use Only

Application Received By: _____ Payment Received By: _____ Background
Check/CCL Received For: ☐ Applicant ☐ Spouse/Partner ☐ Family Member(s) _____

[illegible]

(Signature)

Date: _____

Exeter Sportsman's Club (ESC) member signature: _____
ESC badge number: _____ Member print name: _____

Criminal History Record Check (CHRC) Instructions

1. In Section I, fill in the information and sign the form.
2. In Section II, "Name of Person/Firm to Receive Record", specify your name and address.
3. Include \$25 and a stamped self-addressed envelop and mail to:
Criminal Records Unit, Hazen Dr, Concord, NH 03305.
State Police will stamp it and return it to you.
4. Send ESC a copy of the approved CHRC with your application and dues payment.



State of New Hampshire
Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: ☐ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON/FIRM TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH - Criminal Records

Concealed Carry License (CCL) Instructions

1. Complete the form and bring it to your local police department for processing.
2. The police will contact you when the CCL is approved.
Bring a check for the \$10 fee when you pick up the approved CCL.



State of New Hampshire

DEPARTMENT OF SAFETY

DIVISION OF STATE POLICE

RESIDENT PISTOL/REVOLVER LICENSE



RENEWAL APPLICANTS PLEASE COMPLETE: NH Pistol/Revolver License #: _____ Expires _____

An incomplete application will be returned.

FILE #:	Name _____	Date of Application _____
	Mailing Address:	
	Street _____	Driver's License No. _____
	City/Town _____	Social Security No. _____ (optional)
	State _____ Zip _____	Telephone No. _____ (optional)
	Legal Address (If different from above): _____	
	Date of Birth _____	Place of Birth _____
	Height _____ Hair _____ Sex _____	Original <input type="checkbox"/> Renewal <input type="checkbox"/>
Weight _____ Eyes _____ Race _____		

Occupation: _____
Present Employer: _____
Employer's Address: _____

If you answer "Yes" to any of the following questions, you must provide complete details with this application.

Have you ever had a license to carry denied in this or any other state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony, in this or any other state, which has not been annulled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an unlawful user of or addicted to any controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been adjudicated as a mental defective by a court or committed by a court to any mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in any court of a misdemeanor crime of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For what reason(s) do you make application to carry a pistol in New Hampshire?

Name and Complete Mailing Address of three (3) references:

1. _____ (NAME)	2. _____ (NAME)	3. _____ (NAME)
_____ (ADDRESS)	_____ (ADDRESS)	_____ (ADDRESS)

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION: Read the following carefully before you sign. A false statement on any part of this application will be just cause for refusal of any application of any license issued under the provisions of RSA159 and is punishable under RSA 641:3.

- I understand that any information I give may be investigated as allowed by law.
- I consent to the release of information about my ability and fitness to carry a pistol/revolver by employers, schools, medical/ psychiatric services, law enforcement agencies, and other individuals and organizations, to my local police chief, his or her designee, and/or authorized employees of the State of New Hampshire.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

SIGNATURE OF APPLICANT: _____ **Date:** _____

OFFICIAL USE ONLY: ☐ Approved ☐ Denied **APPROVING OFFICIAL:** _____

DSSP85 (Rev 03/17)

DATE: _____

Exeter Sportsmans Club Hats, Shirts, & Patches



Blue
\$12.00



Tan/Khaki
\$12.00



Olive Green
\$13.00



Blaze Orange
\$13.00



Camo
\$15.00



Watch Cap
\$15.00

T-Shirts



\$15.00
Navy/Olive/Gray/Sand
Med/Lrg/XL/2-XL/3-XL

Sweat Shirts



Hooded
\$33.00
Navy



Pullover
\$25.00
Navy

Med/Lrg/XL/2-XL

Patches



Large (4\"/>



Small (2\"/>

Buy on-line at www.exetersportsmansclub.com or at any meeting.