

Membership Application Instructions

Membership Types:

There are two membership types:

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

The dues are the same for both Firearms and Archery memberships. See the **Dues** section for membership fees.

Single and Family Memberships :

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

Membership Application Process:

1. The applicant (each applicant in the case of a family) completes a Membership Application/Indemnity Agreement (form attached). Specify either the **Firearms** box or the **Archery Only** box. Also, check the **Single, Family, Senior Single, or Senior Family** box. Ensure that your email address is legible and correct so we can contact you. If you do not provide a legible and correct email address your application will be placed in our pending file and will not be processed until we hear from you a second time (by email).

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 credentials).

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. 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 to: ESC, PO Box 1936, Exeter, NH 03833

All required documents, including 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, which is held on the 3rd Monday of the month at 7:00pm. 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. The range orientation is held on the Sunday following the membership meeting at 9:00am and lasts approximately 2 hours. At that time you will receive a membership packet containing your badge, gate card, and our range rules.

NOTE: If you cannot attend both the membership meeting and the range orientation, please do not apply until you can.

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]

First Name

City: _____ State: _____ Zip: _____

Telephone: _____

2 - I agree on behalf of myself, my heirs, successors and assigns, my minor child and/or minor children for whom I am acting "in loco parentis" to release, indemnify and hold harmless the Exeter Sportsman's Club, Inc., all officers, agents, and event personnel thereof, and the Town of Exeter, New Hampshire, from any and all claims of injury or other harm, including property damage that may occur while on or about club property or leasehold.

3 - For the purposes of this agreement Exeter Sportsman's Club, Inc., and the Town of Exeter shall necessarily include any employee, officers, officials, or agent of the representative entities named herein.

4 - Nothing above shall limit my right to institute and pursue a claim for damages or legal action against any person not herein enumerated.

5 - I further agree that I shall indemnify and hold harmless Exeter Sportsman's Club, Inc., and the Town of Exeter as herein respectively defined in any action, case, claim or controversy initiated or involving any individual or person subject of this waiver including me, my guests, family or minor children under my charge and further defined in paragraph 1 above.

6 - I agree to participate in any activities of said club in strict accordance with the rules and regulations governing the same.

7 - If at anytime during your membership at the Exeter Sportsman's Club, Inc. (ESC), your right to possess firearms is revoked, your ESC membership will be suspended. It is your obligation to as soon as possible notify the ESC Membership Secretary by phone or email, of the revocation and reinstatement when they occur. Failure to promptly notify ESC of your revocation will result in suspension of membership for a period to be determined by the board of directors. Restoration of rights must be documented before restoration of ESC membership.

8 - Members are prohibited from bringing guests whose right to possess firearms has been suspended or revoked.

9 - Above agreements shall remain in effect from the date first written below until the end of recorded time.

10 - I acknowledge that I have been informed that this is a legally binding contract which effects my rights in the event of injury or damage, and that if I have any questions or doubts concerning its contents I am advised to consult an Attorney before signing.

Date: _____

(Signature)

For guests the following block is to be filled out by the ESC member accompanying the guest

Exeter Sportsman's Club (ESC) member signature: _____

ESC badge number: _____ Member print name: _____

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. _____ <small>(optional)</small>	
	State _____ Zip _____		Telephone No. _____ <small>(optional)</small>	
	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: _____

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