

MEMBERSHIP APPLICATION
CARROLL COUNTY FISH AND GAME CLUB, INC.
P.O. BOX 1034, Conway NH 03818-1034

Date of submittal _____

Please complete all of the information requested on both sides and drop in box. All information must be filled in. You will be notified when and where to attend a safety orientation.

To become a member you will need to show one of the following:

GUN SAFETY COURSE

GUN (pistol) PERMIT

HUNTERS ED CARD (or current hunting license)

Membership runs from January 1st, to December 31st.

APPLICANT INFORMATION

NAME: _____ D.O.B. _____

ADDRESS: _____

PHONE #: _____ E-MAIL: _____

OCCUPATION/ SKILLS _____

PARENT/GUARDIAN NAME _____
(IF UNDER 18)

CLUB MEMBER SPONSOR: _____

OR 2 PERSONAL REFERENCES W/ PHONE #

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NOTICE OF INVESTIGATIVE INQUIRY

Be advised that a routine inquiry may be made to confirm the information provided on this application. ANY misrepresentation on this application will result in denial of your application.

Have you previously been expelled from another shooting facility? _____ Y / _____ N

OTHER SHOOTING CLUBS YOU BELONG TO W/ PHONE #'S

CHECK THE APPROPRIATE CATEGORY OF MEMBERSHIP DESIRED BELOW:

_____	\$50.00 – ADULT	AGE 18-65
_____	\$40.00 – SENIOR	AGE 65 +
_____	\$25.00 – JUNIOR	AGE 16-17
_____	FREE – SUB JUNIOR	AGE 15 AND UNDER
_____	\$50.00 – GUEST PASS	

----- OVER -----

NOTE: GUEST MUST BE ACCOMPANIED ON CLUB PROPERTY BY THE SPONSORING MEMBER!

☐ I am a past member of this club ☐ YES ☐ NO

A \$2.00 fee will be charged for replacement of a lost membership card.

I certify that I am a person of good repute living within the United States of America. That I am NOT a member of any organization or group having as its purpose or one of its purposes the overthrow by force or violence, the United States or any of its political subdivisions. That I have never been convicted of a crime of violence or felony or am under any restraining order or any other legal action which would restrict possession of a firearm and that if admitted to membership, I pledge to fulfill the obligations of good sportsmanship and good citizenship, and abide by all safety rules and procedures posted at the range and stated in the bylaws of the club and to follow the directions of the range master or his or her designee. I understand that my failure to do so will result in loss of membership.

CANDIDATE SIGNATURE: _____ DATE _____

I the undersigned, for myself, heirs, executors, administrators and assignees, hereby RELEASE, DISCHARGE, and AGREE TO HOLD HARMLESS and INDEMNIFY the Carroll County Fish & Game Club, its members, officers, directors, trustees, representatives, agents and employees of and from all liability, loss, claims, demands and any and all possible causes of action in law or in equity that may accrue from a loss, damage or injury, including death to my person or property in any way resulting from or arising in connection with, or related to my presence shall be as a spectator or competitor in any events held on said property or while upon, entering or departing from said properties from any cause whatsoever, including, without limitation, the failure of anyone to enforce the rules and regulations of said club or the negligence of any persons. I hereby acknowledge the risk and danger to myself and property while on the premises of the Carroll County Fish & Game Club, either as a spectator or a competitor or in assisting in any events held upon said properties and I do so voluntarily with reliance upon my own judgment and ability and not upon the judgment and ability of others and accept the conditions of the property, equipment and facilities now existing on the Carroll County Fish and Game Club, Inc, and I hereby assume all risks for loss, damage or injury, including death to myself and my property for any cause whatsoever and whether or not attributable to the negligence of any person associated with the Carroll County Fish & Game Club.

CANDIDATE SIGNATURE: _____ DATE _____

CLUB DOCUMENTATION (OFFICER SIGNATURES)

OUT OF STATE PERMIT VERIFIED: _____

SAFETY COURSE VERIFIED: _____

MEMBERSHIP AUTHORIZATION _____ DATE _____