

# CAPITOL CITY RIFLE AND PISTOL CLUB RENEWAL FORM 2011-12

The membership renewal date is between May 1 and June 30, if you have not renewed your membership before July 1 you will have to reapply for club membership. Keeping the club membership records up to date is the only way that we can keep you informed of what's happening at your club. Membership renewal rates are:

\$50.00 for a full fee regular membership

\$30.00 if you are 62 years of age or older, disabled, or the spouse of a full fee paying member.

Please fill out and complete form and mail back with appropriate dues to: Capitol City Rifle and Pistol Club, PO Box 1025, Augusta Me. 04332-1025

Last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt/Bldg \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip

code \_\_\_\_\_ Home phone(\_\_\_\_) \_\_\_\_\_ E-

mail \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation \_\_\_\_\_ NRA membership exp

date \_\_\_\_\_ NRA# \_\_\_\_\_ (NRA

## MEMBERSHIP IS REQUIRED FOR MEMBERSHIP AT CCR&PC)

Has your right to own/possess a firearm been revoked in the last 12 months? Yes\_\_\_ No\_\_\_

Have you been convicted in any court of domestic violence in the last 12 months ? Yes\_\_\_ No\_\_\_

Have you been subject to a restraining order in the last 12 months? Yes\_\_\_ No\_\_\_

**APPLICANT ACKNOWLEDGES** and agrees that the use of firearms is an inherently dangerous activity.

**APPLICANT** expressly assumes all risks of being on **CLUB PREMISES** where firearms are used; and **APPLICANT** further assumes the risk of discharging firearms by himself/herself or by others. **CCR&PC CLUB** shall not be liable for an **APPLICANT**, on behalf of himself/herself or on behalf of his/her heirs, next of kin, assignees, personal representatives, administrators, and executors, expressly release **CLUB AND CLUB** officers, members, employees, and/or agents from any and all claims and liabilities

I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES OF AMERICA AND THAT I AM NOT NOW OR EVER HAVE BEEN A MEMBER OF ANY ORGANIZATION OR GROUP WHICH HAS IN ANY PART OF ITS PROGRAM THE ATTEMPT TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES OR ANY OF ITS SUB-DIVISIONS BY FORCE OR VIOLENCE. YOUR SIGNATURE BELOW ATTESTS TO THE TRUTH OF THE ABOVE INFORMATION, ANSWERS AND STATEMENTS:

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INCOMPLETE FORMS WILL NOT BE PROCESSED**