



ALDER BROOK SPORTSMEN'S ASSOCIATION
P.O. BOX 22, LITTLETON, NH 03561
Website: www.alder-brook.org

Date Paid _____

CHK _____ CC _____

ID # _____ SID# _____

ABSA, Inc. Member Application 2025-2026.
We use email whenever possible for notifications.
Please Sign Waiver & Application

Member's Name: _____

Phone: _____ Email: _____

Address: _____

Spouse's Name: _____ Spouse's Phone: _____

Spouse's Email: _____

Annual Single Association Dues (Expires August 31, 2026) (including one time orientation fee)

☐

\$175.00 for one

☐

\$75.00 To add legal spouse

Total \$ _____

Annual Indoor Range Fee

(Expires August 31, 2026)

☐

\$50.00 For One Member

☐

\$25.00 To Add Legal Spouse

Total \$ _____

Annual Long Range Fee

(Expires August 31, 2026)

☐

\$175.00 For One Member

☐

\$50.00 To Add Legal Spouse

Total \$ _____

Donation: Please specify Program or Area You are donating to ☐ AMOUNT \$ _____

Trap, Skeet, Indoor, Square Range, Long Range, Maintenance, Legal Fund,

OR write in what you would like it used for: _____

THANK YOU!!!

Expires August 31, 2026

Grand Total \$ _____

PAYMENT METHOD:

Check or Money Order Made Payable to ABSA, Inc

Mail to: ABSA, PO Box 22, Littleton, N.H, 03561

Credit Card

Card Number

Exp Date

Security Code

☐

Visa

☐

Mastercard

☐

Discover

☐

American Express

Signature _____

Once your application is reviewed by the Board of Directors, you will be contacted regarding the status of your application and if approved, the next step is to participate in a new member orientation. You will be contacted with the date of the next orientation.

Liability Waiver

As a Member of Alder Brook Sportsmen's Association, Inc. (the "Range"),

I, _____, of _____, _____, _____, _____
Name Street Address Town/City State ZIP

Fully understand and appreciate the dangers, hazards, and risks inherent in a firing range, including the inherent risks associated with the use and misuse of firearms.

1. Acknowledge and understand that I will be voluntarily engaging in activities that involve the discharging of firearms which may result in the risk of serious injury, scarring, loss of an important bodily function, permanent disability, or death, and may cause severe social or economic losses due to not only my own actions, inactions or negligence, but also to the actions, inactions or negligence of others, or conditions of THE premises or of any equipment used. Further, I that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
3. Release from, waive and discharge all actions, claims, or demands that I, my assignee, heirs, guardians, and legal representatives now have or hereafter have for damage or losses on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence or other acts of the Range, and its members, guests, directors, officers, employees or agents, as a result of my participation in any gun-related activities. I hereby agree and covenant to save and hold harmless, indemnify, and defend any claim against the Range, and its members, guests, directors, officers, employees or agents, as a result of my participation in any gun-related activities. I hereby agree and covenant to save and hold harmless, indemnify, and defend any claim against the Range, and its members, guests, directors, officers, employees or agents, arising out of my use of the Range.
4. Understand that, if I have been convicted, imprisoned, dishonorably discharged from the armed forces or prohibited from possessing a firearm, I will not be allowed into the Range. Application for membership shall be made to the Board of Directors. Approval of membership by the Board of Directors shall be regarded as a guarantee, on the part of the applicant, of interest in and agreement with the Bylaws, Rules, Regulations, aims and purposes of the Association.

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND FULLY UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND I DO SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I ACKNOWLEDGE RECEIVING A COPY OF THE RULES AND REGULATIONS OF THE RANGE AND AGREE TO ABIDE BY THEM.

Signature of Applicant & _____ Date _____ Signature of Spouse _____ Date _____

BOTH PARTIES MUST SIGN IF BOTH ARE APPLYING

Approval Date: _____ Orientation Date: _____

NOTES: