



# CMP Affiliation Application Form

**To affiliate with the Civilian Marksmanship Program, please complete this Application Form. To help you complete each item of requested information, special instructions are provided in the form.**

<p><b>Name of club or organization.</b> If organization is a school, college, youth camp or other organization, give the name of the organization.</p>	
<p><b>Website and Email Address.</b> If organization has a web address and/or email address, please provide it here.</p>	
<p><b>Phone Number.</b> If organization has a phone number, please provide it here.</p>	
<p><b>Physical Address:</b> This will give new members the location of the club.</p>	<p>Street _____</p> <p>City _____ State _____</p> <p>Zip _____</p>
<p><b>Mailing Address:</b> This address will be used to mail all material to.</p>	<p>Attention _____</p> <p>Street _____</p> <p>City _____ State _____</p> <p>Zip _____</p>
<p><b>Type of club or organization.</b> Check one. To affiliate, the organization must be a shooting club or team or be a youth-serving organization that offers firearms safety or marksmanship training to youth.</p>	<p> <input type="checkbox"/> Senior Club                      <input type="checkbox"/> Junior Club  <input type="checkbox"/> Senior Club with Junior Division  <input type="checkbox"/> School Shooting Team  <input type="checkbox"/> Youth Camp, with shooting program  <input type="checkbox"/> 4-H Shooting Sports Club  <input type="checkbox"/> Boy Scouts Troop/Venturing Crew  <input type="checkbox"/> College Shooting Team or Club  <input type="checkbox"/> Veteran Organization  <input type="checkbox"/> Air Force JROTC      <input type="checkbox"/> Army JROTC  <input type="checkbox"/> Navy JROTC              <input type="checkbox"/> Marine Corps JROTC  <input type="checkbox"/> Other, please describe: _____         </p>

<p><b>Membership or Youth Participants.</b> Give the number of current adult and youth members. Teams or camps may give an estimated number of youth participants. Senior clubs must have a minimum of 10 members. All other organizations must have a minimum of 10 members or participants, age 20 and below (age 27 and below for college teams or clubs).</p>	<p>_____ Adult members or leaders                  _____ Junior members or participants age 20 and below                  _____ College teams or clubs only, members or participants age 27 and below</p>
<p><b>Leadership.</b> Each CMP affiliate must have one or more adult leaders. Please provide the name and contact information for the primary leader of your organization (president, officer-in-charge, team coach, director, etc.).</p>	<p>Name _____                  Title _____                  Date of Birth _____                  Address _____                  City/State/Zip _____                  Phone(day) _____                  Email _____</p>
<p><b>CMP Contact Person.</b> Please provide the name and contact information for the adult leader who should receive all official communications regarding your CMP affiliation. This person may be the club secretary, junior director or chairman, program director or other responsible adult. If the person listed as the primary leader above is also the CMP Contact Person, write 'same' in the name line.</p>	<p>Name _____                  Title _____                  Date of Birth: _____                  Address _____                  City/State/Zip _____                  Phone (day) _____                  Email _____</p>
<p><b>Instructor/Coach.</b> Each CMP-Affiliate must have at least one qualified instructor who is responsible for presenting firearms safety and marksmanship instruction to members or youth participants. Please provide the name and contact information your chief instructor or coach. In small organizations, the instructor or coach may be the same person who is identified as the organization's primary leader above. A new organization that does not have a trained or qualified instructor or coach available must identify an adult leader who agrees to obtain appropriate training as soon as possible (contact the CMP Program Support Division to obtain information about possible training opportunities).</p>	<p>Name _____                  Title _____                  Date of Birth: _____                  Address _____                  City/State/Zip _____                  Phone (day) _____                  Email _____</p>
<p><b>Please describe the qualifications or training of your primary instructor or coach.</b></p>	

<p><b>Membership Contact:</b> Please provide the name and contact information for the adult leader who should receive all inquires of affiliation will your club. This person may be the club secretary, junior director or chairman, program director or other responsible adult. If the person listed as the primary leader above is also the Membership Contact Person, write 'same' in the name line.</p>	<p>Name _____</p> <p>Title _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Email _____</p>
<p><b>Junior Marksmanship Programs.</b> Please check all of the marksmanship programs that are offered to junior members or participants (for colleges, persons aged 27 and below).</p>	<p>____ BB gun                      ____ Air rifle                      ____ Air Pistol</p> <p>____ 50 foot smallbore rifle                      ____ Smallbore pistol</p> <p>____ Highpower rifle                      ____ Metallic silhouette</p> <p>____ Clay target</p> <p>____ Other, please describe: _____</p> <p>____ Our organization does not offer a junior marksmanship program at this time.</p>
<p><b>Range Facilities.</b> Please describe the range or ranges that your organization uses to conduct its marksmanship activities. Check each of the ranges used by your organization and provide the additional information requested.</p>	<p>____ 5 meter BB gun, number of positions _____</p> <p>____ 10 meter air gun, number of firing points _____</p> <p>____ 50 foot smallbore, number of firing points _____</p> <p>____ Outdoor smallbore, maximum distance (circle one)          50 feet    50 yards/meters    100 yards/meters</p> <p>____ Outdoor highpower rifle          Maximum distance (# of yards) _____</p> <p>Range is (check one):</p> <p>____ Owned or controlled by our organization</p> <p>____ Leased from or provided by another organization,          Describe: _____</p> <p>____ Our organization does not have a range now, but plans to develop a range in the future.</p>
<p><b>Release of Club Information:</b> Can the CMP release your club's information and membership contact's information on our website? This will allow your members and new members to view your information.</p>	<p>Please check one:</p> <p>____ Yes                      ____ No</p>

<p><b>Check List.</b> Please use this check list to be sure you have completed or included everything required to approve your application.</p>	<p>____ <b>Affiliation Application Form</b> (this form)</p> <p>____ Club documents included (constitution, by-laws, other government documents)</p> <p>____ Affiliation fee included (\$30.00)</p> <p><b>*Note:</b> If you are considered an MOU Affiliate (a JROTC, Boy Scouts Crew/Venturing Crew or a 4H Shooting Sports Club), <b><u>please do not send payment.</u></b></p>
<p>Please include \$30.00 payment with this Report (<i>unless your organization is considered an MOU Affiliate</i>). Make checks or money orders payable to the "Civilian Marksmanship Program" (CMP). Please mail your completed <b>Affiliation Form</b> with payment to:</p> <p><b>CMP Affiliate Relations P.O. Box 576 Port Clinton, Ohio 43452</b></p>	<p>After your organization's <b>Affiliation Form</b> is processed, the CMP will forward your organization's <b>CMP Affiliation Certificate</b>. Assistance in completing this form or additional information is available by contacting the CMP Affiliate Relations Coordinator, tel. (419) 635-2141, extension 1182, or email <a href="mailto:clubs@odcmp.com">clubs@odcmp.com</a>.</p>
<p><b>Credit Card Information.</b> Provide credit card information below. MasterCard, Visa, Discover and American Express credit cards are accepted. If you are paying by credit card, you may fax your completed Application Form to (419) 635-2802.</p> <p>Credit Card (circle one)    MasterCard    Visa    Discover    American Express</p> <p>Card No: _____ Exp. Date: _____ CVV2#: _____</p> <p>Name on card: _____ Signature: _____</p>	