



CMP 2017 Club Renewal and Activity Report



Instructions:

1. All CMP Affiliates must complete a **2017 Club Renewal and Activity Report** to renew their CMP affiliation. If you have any questions concerning your CMP affiliation or your Report, please call or email the CMP Affiliate Relations Coordinator (419-635-2141) ext. 782; clubs@thecmp.org
2. **All CMP Affiliates are urged to submit their 2017 Annual Reports electronically.** Online filing instructions are located in email that was sent or on the last page of this report. After payment information –you will not only be able complete your Annual Report electronically, but you can also access the CMP CLUB TRACKER any time during the year to update your organization's affiliation information.
3. The **Club Activity Report** requests current data about your organization and information about your organization's activities during the calendar year 2016. Information reported is used to determine your organization's eligibility for CMP programs as well as to evaluate and develop CMP programs.
4. **2017 Club Renewal and Activity Reports** are due no later than April 1, 2017. Affiliates that do not submit Reports by that date will need to file Reports before they can submit club orders for rifles, ammunition or other programs that are restricted to affiliates (sanctioned matches and clinics, National Match entries, etc.). Affiliates that do not submit 2017 Renewals by December 31, 2017 will become "delinquent" and will no longer be eligible to participate in any CMP programs and their members will no longer be eligible to purchase government surplus rifles and ammunition.
5. Please include a check or credit card information to pay your annual affiliate dues of \$30.00.

**Thank you for your continued support of the CMP
and its firearm safety and marksmanship training programs.**

Basic Information about Affiliate:

CMP Affiliation ID Number (Club #): _____

Club Website _____

Name of Club/Team/Organization: _____

**Physical Address of
Club/Team/Organization:** _____

City: _____ State: _____ Zip: _____

Phone: _____

Mailing Address of Club/Team/ Organization: _____

City: _____ State: _____ Zip: _____

Are you currently accepting new members? _____

Club Email _____

Can we release your club's information on our website to new members: ___ Yes ___ No



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Type of Organization (Check One)	<input type="checkbox"/> Junior Club	<input type="checkbox"/> Senior Club (no junior division)
	<input type="checkbox"/> High School Team	<input type="checkbox"/> College Rifle Team or Club
	<input type="checkbox"/> Youth Camp	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Senior Club w/Junior Division	

JROTC Units, 4-H Shooting Sports Clubs and BSA Clubs should not complete this report, but should complete the report designed expressly for MOU Affiliates.

Membership or Youth Participants

Give the number of current adult and junior members in your organization. If precise numbers are not available, please estimate the numbers. Teams or camps may give an estimated number of youth participants or enrollees. Juniors are persons who are 20 years of age or below.

_____ Adult members or leaders, including female adult members.

_____ Female adult members or leaders.

_____ Junior members or participants age 20 and below.

_____ Female junior members or participants age 20 and below.

_____ For college teams or clubs only, number of team members or participants.

_____ For college teams or clubs only, number of female team members.

Marksmanship Programs

Please identify the different shooting sports disciplines that are offered to adults or juniors by your organization by checking the appropriate boxes.

Discipline	Junior	Adult	Discipline	Junior	Adult	Discipline	Junior	Adult
BB Gun		no	3 Position indoor Program			Skeet Program		
3-P Air Rifle Program			3 Position Outdoor			Trap Program		
Air Rifle Program			High Power Program			Bench Rest		
Air Pistol Program			Bullseye Pistol Program					
Other, Please Describe								

___ Please check here if your organization does not offer a junior marksmanship program at this time.

Range Facilities

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.

- ___ 5-meter BB gun, number of positions _____
- ___ 10-meter air gun, number of firing points _____
- ___ 50-foot Smallbore, number of firing points _____
- ___ Outdoor Smallbore, maximum distance (circle one) 50 feet 50 yds/meters 100 yds/meters
- ___ Outdoor high power rifle, maximum distance (#of yards) _____

Range is (check one):

- ___ Owned by our organization
- ___ Leased from or provided by another organization, describe:

- ___ Our organization does not have a range now.



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Gun and Firearm Safety Information

Your accurate responses to the following questions will assist the CMP in gathering safety information that is critical to the future of the shooting sports.

1. Were there any shooting related accidents or incidents during your club's range shooting activities that resulted in injury to any person during the past year (2016)? If so, please provide details (here or on an additional sheet of paper):

2. Were any junior shooters involved in this incident? If so, please describe how they were involved:

3. Was this a supervised club activity? _____

Contact Information

One person may be listed in two or more categories below. Please provide email addresses for each of the persons listed.

CMP CONTACT. This individual is your organization's primary point of contact with the CMP. The CMP Contact receives official communications from the CMP such as this *Annual Renewal form*, program updates or announcements and other material. The CMP Contact is responsible for the distribution of this material to the officers, members and other interested persons within your organization. If any of your club officers do not want to receive CMP Shooters' News email updates and announcements of CMP programs, do not provide email addresses for them.

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP#.

PRESIDENT/ADULT LEADER, DIRECTOR OR COACH

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP#.



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VICE PRESIDENT (OPTIONAL)

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP# :

SECRETARY (OPTIONAL)

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP#

SENIOR COACH OR INSTRUCTOR. This individual is responsible for instructing or organizing marksmanship activities for adult members of your organization (To be completed only for senior clubs, with or without junior divisions).

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP#

JUNIOR COACH OR INSTRUCTOR. This individual is responsible for coaching or instructing junior members or participants in your organization.

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP#..:



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MEMBERSHIP ENROLLMENT CONTACT. The CMP often receives inquiries from individuals who are interested in locating a club or youth shooting programs in their area. **Please provide this information only if it may be released to individuals requesting club contact information and on the CMP website for those who inquire about your organization.**

Name:	Title:
Address:	Date of Birth: (will not be listed on website)
City/State/Zip:	Email Address:
Daytime Phone No.:	CMP#.:

On the Mark (*On the Mark* is the CMP newsletter for junior shooting coaches, instructors, leaders and parents) The CMP provides **ONE** free subscription to **On the Mark** to each CMP-affiliated organization. It is important that you identify the person in your organization who should receive your **On the Mark** subscription. The person who receives **On the Mark** should be a person who is active in your junior program. Please check a box below to indicate who should receive this publication.

- CMP Contact
- Affiliate President/Senior Adult Leader/Director/Coach
- Junior Coach or Instructor
- Other (please provide name and mailing address in box below):

Your organization may also purchase additional subscriptions to **On the Mark** for other junior leaders, coaches or parents for \$8.00 each. To order additional subscriptions, please provide the name and mailing address of each additional subscriber in the boxes below (or on a separate sheet) and include an additional \$8.00 subscription fee for each additional subscription with your renewal fee.

Name	Name
Address	Address
City/State/Zip	City/State/Zip
Name	Name
Address	Address
City/State/Zip	City/State/Zip



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Junior and Adult Marksmanship Activity Report

All CMP affiliated organizations are asked to provide some additional information about their junior and adult marksmanship instruction and competition activities. The CMP uses this information to develop statistical data about marksmanship instruction in the United States and to evaluate the impact of junior programs offered by the CMP and other national youth-serving organizations. Please answer these questions based on the marksmanship activities in your organization during the 2016 calendar year. If you do not have exact numbers of participants please give estimates.

Reporting Category	Number	For CMP Use Only
1. SAFETY RECORD. Please give the number, if any, of shooting or gun related accidents or incidents that occurred in your organization's marksmanship activities and that resulted in physical injury. If you report an injury, the CMP would like to contact you. (0)		<i>For CMP Use</i>
2. BASIC MARKSMANSHIP INSTRUCTION FOR JUNIORS. If your club, team or camp conducted a basic marksmanship course(s) or program of instruction for juniors, please give the total number of juniors who completed the course(s). (5)		<i>For CMP Use</i>
3. ACTIVE JUNIOR PARTICIPANTS. Give number of juniors who participated in your organization's target or range shooting activities on a regular, on-going basis during 2016. (10)		<i>For CMP Use</i>
4. RIFLE CLINICS OR PUBLIC MARKSMANSHIP INSTRUCTION. If your organization conducted a CMP Rifle Clinic, CMP As-Issued Military Rifle Clinic or other marksmanship clinic or instructional activity where public participation (open to non-members) for juniors and/or adults was promoted, give the total number of attendees in those clinics. (2)		<i>For CMP Use</i>
5. COMMUNITY SERVICE. If your organization conducted a community service activity to teach firearms safety or familiarize youth or adults in your community with gun safety or marksmanship, give the total number of attendees (youth and adult) in those activities. (1)		<i>For CMP Use</i>
6. JUNIOR HIGHPOWER RIFLE ACTIVITY. If your club, team or camp conducted an M1 carbine or highpower rifle junior shooting activity, give number of juniors who fired in the highpower program. (5)		<i>For CMP Use</i>
7. COMPETITIONS. If your club, team or camp conducted competitions of any type, give the total number of competitors (adults and juniors) who competed in competitions sponsored and conducted by your organization. (3)		<i>For CMP Use</i>
8. JUNIOR COMPETITIONS. If your club, team or camp conducted or hosted competitions for junior shooters, give the total number of junior competitors who competed in competitions sponsored and conducted by your organization. This number may also be included your answer to #7 above. (5)		<i>For CMP Use</i>
9. NATIONAL MATCHES. If junior or adult members of your organization competed in the 2016 National Matches at Camp Perry, give the total number of individuals (adults and juniors) who competed. (10)		<i>For CMP Use</i>
10. ADULT LEADER DEVELOPMENT. Give the total number of adult leaders in your organization who attended a Leader Training Workshop, Coach Training School or other training course related to marksmanship instruction or youth sports leadership during 2016. (25)		<i>For CMP Use</i>



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Payment Information

Please include \$30.00 payment for your annual dues with this Report. Also include \$8.00 for each additional **On the Mark** subscription ordered. Make checks or money orders payable to the “Civilian Marksmanship Program” (CMP). MasterCard and Visa credit cards are accepted. Provide credit card information below.

Total Amount Remitted	\$
Credit Card (circle one) Visa Mastercard	Card No:
Name on card:	Expiration Date: _____ CVV2# _____

Online Filing

1. If you wish to file your organization’s Report electronically and do not have a Login ID or Password , call or email the CMP Affiliate Relations Coordinator (419-635-2141, ext. 782; vsnyder@thecmp.org and request a login and login ID that will allow the CMP Contact person for your affiliate to file this report electronically. The CMP Affiliate Relations Coordinator can also email instructions for online filing to you.
2. If you already have a **Login ID and Password** and listed as the **Club Contact Person**, begin by clicking on the link to open the CMP Competition Tracker website, ct.thecmp.org – Dashboard should be at the top of the page- Click on Login to your account or register for a new one –type in your user name and password and click on the login box – You should be at the Dashboard screen again then click on review and editing your personal information this should bring up your personal information please double check address, email and phone numbers if changes are made please hit the **SAVE** button bottom right – Then click on the **4th tab** that says **club association** – your club should be in BLUE – click on that link and you will see your clubs basic information. Please note there is a mailing address and **RANGE** address listed please double check all club information If changes are made you must click on SAVE at the bottom right hand corner then - Click on the tab that says **Annual Report (5th tab over)** – Then click on the 2016 this will open the report and you may begin typing. After completing the report please click on **SAVE** at the bottom right. Then it will ask you if you would like to pay your \$30.00 club dues. Follow those instructions.

If your complete your report on paper, please mail your completed **Activity Report** with payment to:

**CMP Affiliate Relations
P.O. Box 576
Port Clinton, Ohio 43452**

After your organization’s **Renewal Report** is processed, the CMP will forward your organization’s renewal certificate, and packet of information. Order forms can be downloaded at www.thecmp.org. Assistance in completing this Report or additional information is available by contacting the CMP Affiliate Relations Coordinator, Vera Snyder tel. (419) 635-2141, extension 782, or email clubs@thecmp.org.