



# *CMP 2020 State Association Annual Report & Affiliation Renewal*

## **Instructions:**

1. All CMP Affiliated State Associations must complete a **CMP 2020 State Association Annual Statistical Report** and pay annual dues to renew their affiliation with the CMP. 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.
2. The **Annual Statistical Report** requests current data about your state association as well as information about your activities during the year 2019. Information reported is used to evaluate and develop CMP programs and to determine your state association's eligibility for CMP programs.
3. As an authorized representative of the club/team/organization named below, I certify that we will fully comply with the following: The Corporation for the Promotion of Rifle Practice and Firearms Safety, Inc., also known as The Civilian Marksmanship Program, prohibits affiliation with any club/team or organization whose member(s) have been convicted of a felony offense. Furthermore, a convicted felon is prohibited from purchasing anything from the CMP, participate in any CMP activity or be present on the grounds of a CMP-affiliated activity.
4. **Annual Statistical Reports** must be returned to the CMP by 1 April 2020. Affiliates that do not submit Reports and renewal fees will not be eligible to enter teams in National Matches events or to sanction CMP events. State Associations that do not renew by 1 December 2020 lose their active affiliation status (individual member can no longer purchase CMP government surplus rifles).
5. Please include a check or credit card information to pay your annual dues of \$30.00.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

## **Basic Information about State Association:**

CMP ID Number (Affiliate #): \_\_\_\_\_

Name of State Association: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

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

Club Email Address \_\_\_\_\_

Club Website \_\_\_\_\_

**Can we release information on the CMP website to potential new members or to persons seeking information about your state association? \_\_ Yes \_\_ No**

## Membership and Youth Participants

Give the number of current adult and junior members in your state association. Juniors are persons who are 20 years of age or below during the current year.

\_\_\_\_\_ Adult members

\_\_\_\_\_ Junior members or participants age 20 and below

## Adult or General Marksmanship Programs

Please **check all** of the following marksmanship programs offered by your association.

- |   |   |
|---|---|
| <input type="checkbox"/> Highpower rifle state championship   | <input type="checkbox"/> Garand-Springfield-Modern Military Rifle match or clinic |
| <input type="checkbox"/> Service rifle state championship   | <input type="checkbox"/> Three-Position Air Rifle state championship              |
| <input type="checkbox"/> Bull's-eye pistol state championship   | <input type="checkbox"/> State Junior Highpower team at National Matches          |
| <input type="checkbox"/> Pistol EIC (leg) match   | <input type="checkbox"/> State pistol team at National Matches                    |
| <input type="checkbox"/> Rifle EIC (leg) match  | <input type="checkbox"/> State service rifle team at National Matches             |
| <input type="checkbox"/> Smallbore Program  |   |
| <input type="checkbox"/> Other rifle or pistol competition or training activities that relate to CMP programs, please describe: |   |

## Contact Information

*Please provide the information requested for the state association leaders identified below. Please be sure to provide email addresses for each of the persons listed below. Email addresses are of special importance since the CMP uses electronic communication systems as its primary means of keeping affiliates informed.*

**CMP CONTACT.** This individual may be your state association president, secretary or another person who is designated as your primary point of contact with the CMP. They will receive official information from the CMP such as this *Annual Statistical Report*, program updates, announcements and other material.

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

### STATE ASSOCIATION PRESIDENT

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

**STATE ASSOCIATION SECRETARY OR TREASURER**

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

**HIGHPOWER CHAIRMAN OR DIRECTOR**

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

**JUNIOR CHAIRMAN OR DIRECTOR**

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

**PISTOL CHAIRMAN OR DIRECTOR (Bull's-eye Pistol)**

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

**SMALLBORE RIFLE CHAIRMAN OR DIRECTOR**

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

**MEMBERSHIP OR ENROLLMENT CONTACT. The CMP refers individuals who wish to join a CMP affiliated organization to their state associations.** Provide this information only if it may be released to individuals and placed 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 Competitor ID #

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**ON THE MARK** is the CMP newsletter for junior shooting coaches, instructors, leaders and parents and is published quarterly. The CMP provides **ONE** free subscription for **ON THE MARK** to each CMP-affiliated organization. The CMP will automatically send your **ON THE MARK** subscription to your state association junior director or chairman unless you designate another person to receive your subscription. Please check a box below to indicate who should receive this publication.

- Junior Director or Chairman
- Other (please identify the person or 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 and include an additional \$8.00 subscription fee for each additional subscription with your renewal fee.

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

## Junior Marksmanship Activity Report

CMP affiliated state association are asked to provide additional information about certain junior marksmanship activities. The CMP uses this information 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 2019 calendar year.

Junior Activity	Activity Conducted	Number of Junior Participants
State Junior Olympic Three-Position Air Rifle State Championship	Y N	
State Junior Highpower Rifle Team	Y N	
State Junior Pistol Team	Y N	
Sponsor junior smallbore team to National Matches	Y N	
Sponsor junior highpower team to National Matches	Y N	
Sponsor junior team to USA Shooting Nationals or Junior Olympic Championship	Y N	
Conducted or organized a Coach Training School	Y N	
Sent representatives to National Coaches College	Y N	

## 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). Credit cards are accepted. Provide credit card information below.

Total Amount Remitted	\$
Credit Card (circle one)    Visa    MasterCard American Express    Discover    Other	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 (419) 635-2141, ext. 753 or email [mconrad@thecmp.org](mailto:mconrad@thecmp.org). 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](http://ct.thecmp.org). Click **LOGIN/REGISTER** in the upper right-hand corner to log in to your account or register for a new one (type in your user name and password and click on the Login box). Once you are logged in, click on **MY ACCOUNT** in the upper right hand corner. Please review and edit your address, email and phone numbers - if changes need to be made, click on **EDIT** at the bottom of the page, make changes and click the **SAVE** button at the bottom right. Then click on the 4th tab that says **CLUB ASSOCIATIONS** – 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 need to be made, click on the **EDIT** at the bottom of the page, make changes and click the **SAVE** button at the bottom right hand corner. Then click on the tab that says **ANNUAL RPTS (6th tab)** – Then click on **2020**. 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.

## Submitting Completed Reports

Please mail your completed **Annual Statistical Report** with payment to:

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

After your organization's **Annual Statistical Report** is processed, the CMP will forward your organization's renewal certificate. Order forms are available at [www.thecmp.org](http://www.thecmp.org).

Assistance in completing this Report or additional information is available by contacting CMP Affiliate Relations at (419) 635-2141, ext. 753, or email [mconrad@thecmp.org](mailto:mconrad@thecmp.org).