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.

<table>
<thead>
<tr>
<th><strong>Name of club or organization.</strong> If organization is a school, college, youth camp or other organization, give the name of the organization.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Website and Email Address.</strong> If organization has a web address and/or email address, please provide it here.</td>
<td></td>
</tr>
<tr>
<td><strong>Phone Number.</strong> If organization has a phone number, please provide it here.</td>
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</tr>
</tbody>
</table>
| **Physical Address:** This will give new members the location of the club. | Street ____________________________
City ____________________ State__________________
Zip ____________________________ |
| **Mailing Address:** This address will be used to mail all material to. | Attention ____________________________
Street ____________________________
City ____________________ State__________________
Zip ____________________________ |
| **Type of club or organization.** 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. | _____ Senior Club  _____ Junior Club  
_____ Senior Club with Junior Division  
_____ School Shooting Team  
_____ Youth Camp, with shooting program  
_____ 4-H Shooting Sports Club  
_____ Boy Scouts Troop/Venturing Crew  
_____ College Shooting Team or Club  
_____ Veteran Organization  
_____ Air Force JROTC  _____ Army JROTC  
_____ Navy JROTC  _____ Marine Corps JROTC  
_____ Space Force JROTC  
_____ Other, please describe: ___________________ |
| **Release of Club Information:** 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. | Please check one:  
_____ Yes  _____ No |
### Membership or Youth Participants
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).

<table>
<thead>
<tr>
<th>Number of Current Adult Members</th>
<th>Number of Junior Members or Participants Age 20 and Below</th>
<th>Number of College Teams or Clubs Only, Members or Participants Age 27 and Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>_______</td>
<td>_______</td>
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</tbody>
</table>

### Leadership
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.).

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date of Birth</th>
<th>Address</th>
<th>City/State/Zip</th>
<th>Phone (day)</th>
<th>Email</th>
</tr>
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<tbody>
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</tbody>
</table>

### CMP Contact Person
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.

<table>
<thead>
<tr>
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</tbody>
</table>

### Instructor/Coach
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).

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</tbody>
</table>
### Please describe the qualifications or training of your primary instructor or coach.

<table>
<thead>
<tr>
<th>Membership Contact: Please provide the name and contact information for the adult leader who should receive all inquiries 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong>__________________________________________________________</td>
</tr>
<tr>
<td><strong>Title</strong>__________________________________________________________</td>
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<td><strong>Phone (day)</strong>____________________________________________________</td>
</tr>
<tr>
<td><strong>Email</strong>___________________________________________________________</td>
</tr>
</tbody>
</table>

### Junior Marksmanship Programs. Please check all of the marksmanship programs that are offered to junior members or participants (for colleges, persons aged 27 and below).

- [ ] ____ BB gun
- [ ] ____ Air rifle
- [ ] ____ Air Pistol
- [ ] ____ 50 foot smallbore rifle
- [ ] ____ Smallbore pistol
- [ ] ____ Highpower rifle
- [ ] ____ Metallic silhouette
- [ ] ____ Clay target
- [ ] ____ Other, please describe:______________________________

- [ ] ____ Our 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 yards/meters 100 yards/meters
- [ ] ____ Outdoor highpower rifle
  Maximum distance (# of yards) __________

**Range is (check one):**

- [ ] ____ Owned or controlled by our organization
- [ ] ____ Leased from or provided by another organization,
  Describe:____________________________________________________
- [ ] ____ Our organization does not have a range now, but plans to develop a range in the future.
Check List. Please use this check list to be sure you have completed or included everything required to approve your application.

- Affiliation Application Form (this form)
- Club documents included (constitution, by-laws, other government documents)
- Affiliation fee included ($30.00)

*Note: If you are considered an MOU Affiliate (a JROTC, Boy Scouts Crew/Venturing Crew or a 4H Shooting Sports Club), please do not send payment.

Please include $30.00 payment with this Report (unless your organization is considered an MOU Affiliate). Make checks or money orders payable to the “Civilian Marksmanship Program” (CMP). Please mail your completed Affiliation Form with payment to:

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

After your organization’s Affiliation Form is processed, the CMP will forward your organization’s CMP Affiliation Certificate. Assistance in completing this form or additional information is available by contacting the CMP Affiliate Relations Coordinator, tel. (419) 635-2141, extension 753, or email clubs@thecmp.org.

Credit Card Information. Provide credit card information below. MasterCard, Visa, Discover and American Express credit cards are accepted.

<table>
<thead>
<tr>
<th>Credit Card (circle one)</th>
<th>MasterCard</th>
<th>Visa</th>
<th>Discover</th>
<th>American Express</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card No:</td>
<td></td>
<td></td>
<td>Exp. Date:</td>
<td>CVV2#:</td>
</tr>
<tr>
<td>Name on card:</td>
<td></td>
<td></td>
<td>Signature:</td>
<td></td>
</tr>
</tbody>
</table>

As an authorized representative of the club/team/organization named above, 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. The undersigned hereby certifies under penalty of perjury that the applicant club or organization does not advocate the violent overthrow of the United States Government and does not permit membership or participation by persons who advocate the violent overthrow of the United States Government.

Person Submitting this Form:

Print Name____________________________________
Signature___________________________ Date__________

_____________________________________________