



CMP 2025 Club Renewal and Activity Report

Instructions:

1. All CMP Affiliates must complete a **2025 Club Renewal and Activity Report** and pay annual dues to renew their CMP affiliation. If you have any questions concerning your CMP affiliation or your Report, please call the CMP Affiliate Relations Coordinator at (419) 635-2141, ext. 753 or email clubs@thecmp.org.
2. **All CMP Affiliates are urged to submit their 2025 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. 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. The **Club Activity Report** requests current data about your organization and information about your organization’s activities during the calendar year 2024. Information reported is used to determine your organization’s eligibility for CMP programs as well as to evaluate and develop CMP programs.
5. **Club Renewal and Activity Reports** are due no later than 1 April 2025. 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 2024 Renewals by 31 December 2025 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 until the Club Activity Report is complete and dues are paid.
6. Please include a check or credit card information to pay your annual affiliate dues of \$35.00.

Signed _____ Title _____ Date _____

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

Basic Information about Affiliate:

Name of Club/Team/Organization: _____

CMP Affiliation ID Number (Club #): _____

Club Website _____

Mailing Address of Club/ Team/ Organization _____

City: _____ State: _____ Zip: _____

Phone: _____

Physical 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

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.

_____ Junior members or participants age 20 and below.

Junior and Adult Marksmanship Programs

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

| Program | For Juniors | For | Program | For Juniors | For Adults |
|-------------------|-------------|-----|---------------------------|-------------|------------|
| Adults BB Gun | ___ | ___ | Silhouette Pistol | ___ | ___ |
| Air Rifle | ___ | ___ | Silhouette Rifle | ___ | ___ |
| Air Pistol | ___ | ___ | Skeet Program | ___ | ___ |
| Smallbore Indoor | ___ | ___ | Trap Program | ___ | ___ |
| Smallbore Outdoor | ___ | ___ | Bench Rest | ___ | ___ |
| Rimfire Sporter | ___ | ___ | Long Range | ___ | ___ |
| Bullseye Pistol | ___ | ___ | Women's Specific Programs | ___ | ___ |
| Highpower Program | ___ | ___ | Concealed Carry Training | ___ | ___ |

Other, please describe:

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
Number of firing points _____
- ___ Outdoor high power rifle, maximum distance (#of yards) _____ How many firing points _____
- ___ 100 Yards Number of firing points _____ 200 Yards number of firing points _____
- ___ 300 Yards Number of firing points _____ 400 Yards number of firing points _____
- ___ 600 Yards Number of firing points _____ 1000 Yards number of firing points _____

Range is (check one):

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

- Our organization does not have a range now.

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. They will receive 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

| | |
|--------------------|--|
| 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# |

TREASURER

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

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 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. It is important that you identify the person in your organization who should receive your 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 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 |

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 **2024 calendar year**. If you do not have exact numbers of participants, please give estimates.

| Reporting Category | Number |
|---|--------|
| 1. 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). | |
| 2. 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 2023. | |

| | |
|---|--|
| 3. 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. | |
| 4. 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. | |
| 5. 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. | |
| 6. 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. | |
| 7. 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. | |
| 8. NATIONAL MATCHES. If junior or adult members of your organization competed in the 2023 National Matches at Camp Perry, give the total number of individuals (adults and juniors) who competed. | |
| 9. 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 2023. | |

Payment Information

Please include \$35.00 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. 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. 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 **2024**. 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 \$35.00 club dues. Follow those instructions.

If you 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 at (419) 635-2141, ext. 753 or email clubs@thecmp.org.