



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. You may also fill out this application online at <https://thecmp.org/affiliate/cmp-affiliation-application-form/>.

Name of club or organization. If organization is a school, college, youth camp or other organization, give the name of the organization.	
Website and Email Address. If organization has a web address and/or email address, please provide it here.	
Phone Number. If organization has a phone number, please provide it here.	
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.	<div style="display: flex; justify-content: space-between;"> ___ Senior Club ___ Junior Club </div> ___ 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 ___ Coast Guard 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: <div style="text-align: right;"> ___ Yes ___ No </div>

<p>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).</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>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.).</p>	<p>Name _____ Title _____ Date of Birth _____ Address _____ City/State/Zip _____ Phone(day) _____ Email _____</p>
<p>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.</p>	<p>Name _____ Title _____ Date of Birth: _____ Address _____ City/State/Zip _____ Phone (day) _____ Email _____</p>
<p>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).</p>	<p>Name _____ Title _____ Date of Birth: _____ Address _____ City/State/Zip _____ Phone (day) _____ Email _____</p>

<p>Please describe the qualifications or training of your primary instructor or coach.</p>	
<p>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.</p>	<p>Name _____</p> <p>Title _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone (day) _____</p> <p>Email _____</p>
<p>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).</p>	<p> <input type="checkbox"/> BB gun <input type="checkbox"/> Air rifle <input type="checkbox"/> Air Pistol <input type="checkbox"/> 50 foot smallbore rifle <input type="checkbox"/> Smallbore pistol <input type="checkbox"/> Highpower rifle <input type="checkbox"/> Metallic silhouette <input type="checkbox"/> Clay target <input type="checkbox"/> Other, please describe: _____ <input type="checkbox"/> Our organization does not offer a junior marksmanship program at this time. </p>
<p>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.</p>	<p> <input type="checkbox"/> 5 meter BB gun, number of positions _____ <input type="checkbox"/> 10 meter air gun, number of firing points _____ <input type="checkbox"/> 50 foot smallbore, number of firing points _____ <input type="checkbox"/> Outdoor smallbore, maximum distance (circle one) 50 feet 50 yards/meters 100 yards/meters <input type="checkbox"/> Outdoor highpower rifle Maximum distance (# of yards) _____ Range is (check one): <input type="checkbox"/> Owned or controlled by our organization <input type="checkbox"/> Leased from or provided by another organization, Describe: _____ <input type="checkbox"/> Our organization does not have a range now, but plans to develop a range in the future. </p>

<p>Check List. Please use this check list to be sure you have completed or included everything required to approve your application.</p>	<p>_____ Affiliation Application Form (this form)</p> <p>_____ Club documents included (constitution, by-laws, other government documents)</p> <p>_____ Affiliation fee included (\$35.00)</p> <p>*Note: If you are considered an MOU Affiliate (a JROTC, Boy Scouts Crew/Venturing Crew or a 4H Shooting Sports Club), <u>please do not send payment.</u></p>
<p>Please include \$35.00 payment with this Report (unless your organization is considered an MOU Affiliate). Make checks payable to the "Civilian Marksmanship Program" (CMP). Please mail your completed Affiliation Form with payment to:</p> <p>CMP Affiliate Relations 1470 Sentinel Drive Anniston, AL 36207</p>	<p>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 clubs@thecmp.org or (256) 835-8455, ext. 421.</p>
<p style="text-align: center;">Phone Number for Payment: _____</p>	

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
