



# *CMP 2009 State Association Annual Report & Affiliation Renewal*

## **Instructions:**

1. All CMP Affiliated State Associations must complete a ***CMP 2009 State Association Annual Statistical Report*** and pay annual dues to renew their affiliation with the CMP.
2. The ***Annual Statistical Report*** requests current data about your state association as well as information about your activities during the year 2008.
3. Information reported is used to evaluate and develop CMP programs and to determine your state association's eligibility for CMP programs.
4. ***Annual Statistical Reports*** must be returned to the CMP by 1 April 2009. Affiliates that do not submit Reports and renewal fees by 1 April 2009 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 2009 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.

**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: \_\_\_\_\_

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

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

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

Mailing 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.

- Highpower rifle state championship
- Service rifle state championship
- Bull's-eye pistol state championship
- Pistol EIC (leg) match
- Rifle EIC (leg) match
- Other rifle or pistol competition or training activities that relate to CMP programs, please describe:
- Garand-Springfield-Military Rifle match or clinic
- Three-Position Air Rifle state championship
- State Junior Highpower team at National Matches
- State pistol team at National Matches
- State service rifle team at National Matches

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## Gun and Firearm Safety Information

Your responses to the following questions will greatly 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 in your state's organized rifle or pistol competition or training activities that resulted in injury to any person during the past year (2008)? Do not report hunting accidents. If so, please provide details (here or on an additional sheet of paper):

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2. Did this incident take place on a range? Was it a supervised activity?

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3. Were there any other serious safety violations or incidents involving gun handling that took place during your state's organized rifle or pistol competition or training activities during the past year? If so, please provide details. The CMP is particularly interested in learning what safety procedures were violated and what might have been done to prevent these accidents from happening.

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## 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.** The CMP Contact receives official information from the CMP such as this *Annual Statistical Report*, program updates, announcements and other material.

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:

### STATE ASSOCIATION PRESIDENT

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:

### STATE ASSOCIATION SECRETARY OR TREASURER

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:

### HIGHPOWER CHAIRMAN OR DIRECTOR

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:



**JUNIOR CHAIRMAN OR DIRECTOR**

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:

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

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:

**SMALLBORE RIFLE CHAIRMAN OR DIRECTOR**

Name:	Title:
Address:	Date of Birth:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:

**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:
City/State/Zip:	Email Address:
Daytime Phone No.:	Fax No.:



**ON THE MARK** is the CMP newsletter for junior shooting coaches, instructors, leaders and parents and is published five times per year. 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 note that you may order additional subscriptions for other state association leaders. 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.

## 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 2008 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 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.

Credit Card (circle one)    Visa    Mastercard	Card No:
Name on card: _____	Expiration Date: _____

## 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.odcmp.com](http://www.odcmp.com).

Assistance in completing this Report or additional information is available by contacting CMP Affiliate Relations, tel. (419) 635-2141, extension 1123, or email [clubs@odcmp.com](mailto:clubs@odcmp.com).