



Cowboy Mounted Shooting® Association
PO Box 157 Roswell, NM 88202
1-888-960-0003 Fax 888-694-4758
www.cmsaevents.com

CMSA CLUB APPLICATION

Club Code

Club Name

Address, City, State, Zip & Phone Number

Club President Contact Phone #

Club E-Mail Address

CMSA Club Affiliation fee, \$350.

All CMSA Clubs will now be covered
by CMSA insurance.

Club Web Address

CLUB OFFICERS*

President: CMSA# _____

Name _____

Vice President: CMSA# _____

Name _____

Secretary: CMSA# _____

Name _____

Treasurer: CMSA# _____

Name _____

Range Master: CMSA# _____

Name _____

Score Keeper: CMSA# _____

Name _____

Match Director: CMSA# _____

Name _____

BOARD OF DIRECTORS

CMSA# _____

Name _____

*One of the above must be a CMSA Competition Cardholder

CMSA Affiliated Clubs:

- An Affiliated Club can host an unlimited number of World (WPQ) & Double (DWPQ) Point Qualifying matches.
- Affiliated Clubs agree to follow CMSA rules and sign a Solidarity Agreement.
- Affiliated Clubs need to provide a schedule of match dates and send match results to CMSA in accordance with current rules. Each club is required to produce at least one WPQ annually.
- Affiliated clubs will receive, free of charge, the CMSA Automation Software Package for event scoring.
- Affiliated clubs will receive training on using CMSA's web database, the CMSA Automation Software Package, and ordering event supplies.
- To receive additional insurance simply call 844-401-9444, ask for Trevor, who is the CMSA contact. *Additional insurance is only needed if your arena requests their name be listed as certificate holder.*
- Affiliated clubs will now be on a membership credit program. CMSA will credit your club \$10 for renewing memberships and \$20 for all new memberships. These members must join through your club.

YOU MUST SIGN AFFILIATED CLUB SOLIDARITY AGREEMENT

(Club Name)

As a CMSA Affiliated Club President, I _____, hereby agree to support and enforce CMSA Rules as stated in the CMSA Rulebook at all CMSA sanctioned events, club scheduled practices, club sponsored clinics, and professional demonstrations. I understand that if I do not follow the rules as stated, that our insurance with CMSA will become null and void that instant.

This Solidarity Agreement binds all CMSA Affiliated Clubs to enforce CMSA Rules and assure all CMSA members enjoy fair competition and uniform enforcement of rules coast-to-coast as they travel to CMSA competitions.

By signing below I hereby agree to support and enforce CMSA Rules as set forth in the current CMSA Rulebook.

_____Date _____/_____/_____

SCORE KEEPER INFORMATION: This is mandatory, please fill this out with who will be in charge of event scoring.

Name: _____ CMSA#: _____

E-mail address: _____

Address, City, State, Zip: _____

Day Ph#: _____ Evening/Mobile#: _____

Signature of Club President: _____