



# NSCA State Associations Official Application

## State Association General Information

Contact Name: \_\_\_\_\_ State: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

Please list officers' names, phone numbers, and E-mail addresses:

	<u>Name</u> (Please Print)	<u>Phone Number</u>	<u>E-Mail</u>
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

### State Association Agreement

Please check each of the following NSCA State Association Criteria\*\* which have been fulfilled:

- The State Association conforms to all state laws of incorporation and agrees to abide by all NSCA rules and regulations.
- All clubs and individuals represented by the State Association are members of NSCA.
- The majority of club and individual members must agree to the By-Laws of the State Association.
- The State Association will conduct an annual meeting.
- All issues, including the By-Laws of the State Association, will be decided by the majority of the membership.
- It is strongly recommended that in the initial formation of a State Association that equal representation of both clubs and shooters are represented in making all decisions concerning the sport.

*\*\*All criteria must be fulfilled to receive final approval.*

**We certify that the above listed criteria has been successfully fulfilled by the state.**

\_\_\_\_\_  
President or Secretary/Treasurer signature

\_\_\_\_\_  
NSCA National Delegate signature

This State Association is officially approved by NSCA.

\_\_\_\_\_  
Robert Crow, NSCA Director

*The State Association is the governing body within the state to conduct state business such as: date and location of the annual state championship and approving the registered shooting schedule for member clubs within the state.*

