



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.

Officers	Name (Please Print)	Phone Number	E-Mail
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.

This State Association is officially approved by NSCA.

President or Secretary/Treasurer Signature

Nichole Bowers, NSCA Assistant Director

NSCA National Delegate Signature

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.

