



Affiliate Club Membership Application

Club Name: _____

Mailing Address: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact E-Mail: _____

Alternate Contact Name: _____ Phone: _____

Club Website: _____ Approx. number of members: _____

By applying for affiliation I agree to forward any match dates and club news to be added to the United Mounted Shooters website. Only sanctioned matches and events will be covered by the UMS general liability insurance policy. By participating as an affiliate club, you are agreeing that the guidelines of the United Mounted Shooters are being followed by the members for which you are submitting results.

Club Officer Signature: _____ Date _____

Mail completed form along with payment of \$150.00 to:
United Mounted Shooters
1 Hagan Dr
Essex, VT 05452