



# 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 \$250.00 to:

United Mounted Shooters

352 Hemlock Road

Waymart, PA

Phone: 570-351-7966