



# 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.

\_\_\_\_\_  
Tony Monzingo, 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.*

