



# Operational Shooting Association

PO Box 475  
Minden, ON K0M 2K0 Canada

## Founding Member Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (land line) \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

PAL Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

CSSA Membership # \_\_\_\_\_ (Mandatory for OSA membership)

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact's Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

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### Office Use Only

Membership Fee - Amount Paid \$2500.00

Payment Instrument \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_