



Operational Shooting Association

PO Box 475
Minden, ON K0M 2K0 Canada

Individual Annual Member Application Form Revised 2020-02-24

Last Name _____ First Name _____ Init _____

Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Phone (land line) _____ Cell phone _____

Email _____

PAL Number _____ Expiry Date _____

CSSA Membership Number _____ (Mandatory for OSA membership)

Emergency Contact Name _____ Relationship _____

Emergency Contact's Phone _____ Cellphone _____

Office Use Only

Membership Fees: One Time Initiation \$350.00 + Annual Fee \$150.00 = Total \$500.00
Subsequent Annual Renewals will be \$150.00

Payment Instrument _____

Received by _____ Date _____