



**Operational Shooting Association**

PO Box 475

Minden, ON K0M 2K0 Canada

**2024 Individual Annual Member Application Form** Revised 2023=09=01

**COMPLETED FORM & PAYMENT MUST BE RECEIVED BEFORE 15 DECEMBER 2023**

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)

Holster Qualification (Specify OSA, CSSA, IPSC, IDPA, PPC, LE, Mil – Date of Course/Qualification):

\_\_\_\_\_  
\_\_\_\_\_

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

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

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**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 \_\_\_\_\_