



# Operational Shooting Association

PO Box 475  
Minden, ON K0M 2K0 Canada

## Affiliate Member Application Form Revised 2023-09-08

### Military Units, Security Firms, Law Enforcement Agencies and Clubs

Unit/Agency/Club Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

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

Contact Person Name/Rank \_\_\_\_\_

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

Email \_\_\_\_\_

Designated Member Name/Rank \_\_\_\_\_

(Designated member must also fill out individual membership form attached)

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

Email \_\_\_\_\_

Authorizing Manager Name \_\_\_\_\_

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### Office Use Only

Annual Affiliate Membership \$150.00

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

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



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PO Box 475

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## Affiliate - Designated Member Application Form

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

Address \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

If you have a personal PAL, please provide the following information:

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

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

Affiliated through \_\_\_\_\_