



Operational Shooting Association

PO Box 275
Kinmount, ON K0M 2A0 Canada

Family Annual Member Application Form Revised 2018-09-28

Primary Member:

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 _____

Office Use Only

Membership Fees: One Time Initiation \$350.00 + Annual Fee \$225.00 = Total \$575.00
Subsequent Annual Renewals will be \$225.00

Payment Instrument _____

Received by _____ Date _____

Family Annual Member Application Form, continued

Family Member:

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 _____

Copy this page for additional qualifying family members

Family includes spouse and children less than 21 years of age