



# Operational Shooting Association

PO Box 275

Kinmount, ON K0M 2A0 Canada

## Family Annual Member Application Form

### Primary Member:

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

Address \_\_\_\_\_

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

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

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

Email \_\_\_\_\_

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

Current ATT number \_\_\_\_\_ Expiry Date \_\_\_\_\_

ATT Issued by (home club name) \_\_\_\_\_

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

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 \$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 \_\_\_\_\_

Current ATT number \_\_\_\_\_ Expiry Date \_\_\_\_\_

ATT Issued by (home club name) \_\_\_\_\_

CSSA or CFI 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**