



Operational Shooting Association

PO Box 275

Kinmount, ON KOM 2A0 Canada

Affiliate Member Renewal Form

Military Units, Security Firms, Law Enforcement Agencies and Clubs

Unit/Agency 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 _____

Office Use Only

Membership Fee - Annual \$150.00

Payment Instrument _____

Received by _____ Date _____



Operational Shooting Association

PO Box 275

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Affiliate - Designated Member Renewal 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 and ATT, please provide the following information:

PAL Number _____ Expiry Date _____

Current ATT number _____ Expiry Date _____

ATT Issued by (home club name) _____

Emergency Contact Name _____ Relationship _____

Emergency Contact's Phone _____ Cellphone _____

Office Use Only

Affiliated through _____

Received by _____ Date _____