



Operational Shooting Association

PO Box 275
Kinmount, ON K0M 2A0 Canada

Family Annual Member Renewal 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 _____

CSSA Membership # _____ (Mandatory for OSA membership)

Emergency Contact Name _____ Relationship _____

Emergency Contact's Phone _____ Cellphone _____

Office Use Only

Membership Fee - Annual \$225.00

Payment Instrument _____

Date _____

Received by _____

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**