



# Operational Shooting Association

PO Box 475  
Minden, ON K0M 2K0 Canada

## 2021 Family Member Renewal Form

**COMPLETED FORM & PAYMENT MUST BE RECEIVED BEFORE 15 DECEMBER 2020**

### 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 \_\_\_\_\_

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### OFFICE USE ONLY

Membership Fee – Annual \$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**