



# Operational Shooting Association

PO Box 475

Minden, ON K0M 2K0 Canada

## 2024 Family Member Renewal Form

**COMPLETED FORM & PAYMENT MUST BE RECEIVED BEFORE 15 DECEMBER 2023**

### 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)

Holster Qualification (Specify OSA, CSSA, IPSC, IDPA, PPC, LE, Mil – Date of Course/Qualification):

\_\_\_\_\_  
\_\_\_\_\_

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)

Holster Qualification (Specify OSA, CSSA, IPSC, IDPA, PPC, LE, Mil – Date of Course/Qualification):

\_\_\_\_\_

\_\_\_\_\_

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**