Operational Shooting Association

PO Box 475
Minden, ON K0M 2K0 Canada

Affiliate Member Application Form Revised 2024-09-05
Military Units, Security Firms, Law Enforcement Agencies and Clubs

Unit/Agency/Club 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 ____________________

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Office Use Only

Annual Affiliate Membership $150.00

Payment Instrument ____________________

Received by ____________________ Date ____________________

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Affiliate - Designated Member Application 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, please provide the following information:

PAL Number ______________________________________ Expiry Date _________________________

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

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Emergency Contact Name ____________________________________ Relationship _______________

Emergency Contact's Phone ___________________________ Cellphone _________________________

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Office Use Only

Affiliated through ____