



Operational Shooting Association

PO Box 475

Minden, ON K0M 2K0 Canada

2025 Affiliate Member Renewal Form

Military Units, Security Firms, Law Enforcement Agencies and Clubs

COMPLETED FORM & PAYMENT MUST BE RECEIVED BEFORE 15 DECEMBER 2024

Unit/Agency Name _____

Mailing Address _____

City _____ **Province/State** _____

Country _____ **Postal Code** _____

Authorizing Manager Name _____

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 _____

OSA OFFICE USE ONLY

Membership Fee – Annual \$150.00

Payment Instrument _____

Received by _____ **Date** _____



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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 _____

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 _____

OSA OFFICE USE ONLY

Affiliated through _____

Received by _____ Date _____