



Operational Shooting Association

PO Box 475

Minden, ON K0M 2K0 Canada

2025 Individual Annual Member Renewal Form

COMPLETED FORM & PAYMENT MUST BE RECEIVED BEFORE 15 DECEMBER 2024

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 _____

OFFICE USE ONLY

Membership Fee – Annual \$150.00

Payment Instrument _____

Received by _____ Date _____