



Operational Shooting Association

PO Box 275

Kinmount, ON KOM 2A0 Canada

Affiliate Member Application Form Military Units and Law Enforcement Agencies

Unit/Agency 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 _____

Signature _____ Date _____

Office Use Only

Membership Fee - Annual \$150.00

Payment Instrument _____

OSA Director Signature _____ Date _____



Operational Shooting Association

PO Box 275

Kinmount, ON KOM 2A0 Canada

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 and ATT, please provide the following information:

PAL Number _____ Expiry Date _____

Current ATT number _____ Expiry Date _____

ATT Issued by (home club name) _____

Emergency Contact Name _____ Relationship _____

Emergency Contact's Phone _____ Cellphone _____

Signature _____ Date _____

Office Use Only

Affiliated through _____

OSA Director Signature _____ Date _____