



Operational Shooting Association

PO Box 275

Kinmount, ON KOM 2A0 Canada

Founding Member Application Form

Last Name _____ First Name _____ Init ____

Address _____

City _____ Province/State _____

Country _____ Postal Code _____

Phone (land line) _____ Cell phone _____

Email _____

PAL Number _____ Expiry Date _____

Current ATT number _____ Expiry Date _____

ATT Issued by (home club name) _____

CSSA Membership # _____ (Mandatory for OSA membership)

Emergency Contact Name _____ Relationship _____

Emergency Contact's Phone _____ Cellphone _____

Signature _____ Date _____

Office Use Only

Membership Fee - Amount Paid \$2500.00

Payment Instrument _____

OSA Director Signature _____ Date _____