



# Operational Shooting Association

PO Box 275

Kinmount, ON KOM 2A0 Canada

## Affiliate Member Renewal 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 \_\_\_\_\_

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### Office Use Only

Membership Fee - Annual \$150.00

Payment Instrument \_\_\_\_\_

OSA Director Signature \_\_\_\_\_ Date \_\_\_\_\_



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Kinmount, ON KOM 2A0 Canada

## Affiliate - Designated Member Renewal 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 \_\_\_\_\_

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**Office Use Only**

Affiliated through \_\_\_\_\_

OSA Director Signature \_\_\_\_\_ Date \_\_\_\_\_