

OCALA SPORTSMAN'S ASSOCIATION, INC.

P.O. Box 830364 Ocala, FL 34483-0364

Application for Individual or Family Membership

Name: _____ Date of Birth: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
E-Mail _____ Occupation _____

How referred to OSA? _____ NRA Membership # _____ Exp. Date _____

Are you a Firearm Instructor? _____ NRA Law Enforcement Military Other? _____ Ratings: _____

Are you a Certified Range Officer? _____ NRA Law Enforcement Military Other? _____ Ratings: _____

NOTE #1: OSA is affiliated with the National Rifle Association and both have a strong commitment to firearm education, safety and marksmanship. Membership in the NRA is strongly encouraged.

NOTE #2: The OSA range is limited to the use of handguns of any caliber, rim fire rifles, ONLY. Refer to OSA Cartridge Rules for more details.

I certify that I am not a member of any organization or group having as its purpose the overthrow by force or violence the Government of the United States or any of its political subdivisions; that I can lawfully own, possess or control and use a firearm; and that if admitted to membership I will fulfill the obligations of good sportsmanship and good citizenship.

The purposes of this organization include the encouragement of shooting sports with a better knowledge of the safe handling and care of firearms; the development of good marksmanship; the development of those characteristics of honesty, good fellowship, self-discipline and team play and self reliance. Safety is the foremost consideration for all members of OSA, and any members who violate any rules of safe firearms handling, refuse to obey the commands of the Range Officer, violate any rules of good sportsmanship or good citizenship are subject to immediate expulsion. All members must attend an orientation and safety seminar covering range operating rules and procedures, and also execute a release of liability waiver prior to using the range.

This application is subject to acceptance by the Board of Directors of OSA and reserves the right in its sole discretion to accept or reject any application or renewal of membership. Upon acceptance, the fees for application and the annual dues you submitted become non-refundable. Your Membership Card must be displayed on your person, preferably between your chin and your waist, at all times when you are at the range, whether participating or acting as a coach, instructor, range personnel or simply a spectator.

The Application Fee is \$75.00 and the Annual Dues are \$125.00 for the Principal Member, and \$20.00 for the spouse. If there are minors to include, the Annual Dues are \$20.00 each. After March 31st, the Principal Member's Annual Dues are reduced by \$10.00 per month; all other fees remain the same. All Memberships expire on December 31 st.

I have read, fully understood and agree with the above and certify that I am twenty one (21) years of age or more, or legally emancipated.

Signed: _____ Date _____ Signed: _____ Date _____
Applicant, Principal Member Spouse

SHOOTING INTERESTS
(check all that you have interest in)
(Not all are active at OSA at this time)

Shooting Experience _____ Specialty _____

Action Shooting

Archery

Black Powder Cartridge Pistol

Black Powder Cartridge Rifle

Black Powder Muzzleloader

Bowling Pin

Bullseye Pistol

CAS/SASS

Defensive Pistol

General Shooting

IDPA

IPSC

Pistol Plinking

Reloading

Rifle Plinking

Silhouette

Other(s) _____

Are you an Active Competitor? _____

Which Discipline(s)? _____