



**NORTHWESTERN ONTARIO
SPORTSMEN'S ALLIANCE**

TEAM NOSA APPLICATION/RENEWAL FORM

If you would like to join the NOSA team or renew your membership, complete the form and mail it to the NOSA address below.

Name: _____

Address: _____

City: _____

Province/State: _____

Country: _____

Postal/Zip Code: _____

Phone: _____

Email _____

I would like my correspondence via email: **YES** **No**

Check One:

- Single Renewal \$10/year
- Family Renewal \$15/year
- Single Membership \$25/year
- Family Membership \$35/year
- Youth Membership (under 18 years) \$15/year

Please mail this form with a cheque or money order to:

**NOSA
1100 Memorial Ave.
Suite 253
Thunder Bay
Ontario
P7B 4A3**