

This form may be obtained from our website:

http://aglc.ca

Date Completed:

LIST OF ELECTED EXECUTIVE

50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Phone: 780-447-8600 Toll-Free: 1-800-272-8876

Fax: 780-447-8911 or 447-8912 Website: aglc.ca Email: gaming.licensing@aglc.ca

Executive positions may not be held by related members with the same surname, or the same residential address and/or the same residential phone number.

	ensing. Please ensure this ema	dress for purposes of sharing or req il is updated.		n related
Group Name and Ma	iling Address:		AGLC ID Nu	mber:
Website:				
PRESIDENT Print Full Name: Mailing Address:			Date of Birth:	nm dd_
Residence Phone: Email:	Cell Phone:	Business Phone:	Fax:	
TREASURER				
Print Full Name: Mailing Address:			Date of Birth:	nm dd
Residence Phone:	Cell Phone:	Business Phone:	Fax:	
Email:				
SECRETARY Print Full Name: Mailing Address:			Date of Birth:	nm dd
Residence Phone:	Cell Phone:	Business Phone:	Fax:	
Email:				
VICE PRESIDENT Print Full Name: Mailing Address:			Date of Birth:	nm dd
Residence Phone:	Cell Phone:	Business Phone:	Fax:	
Email:				

SECRETARY/TREASUR Print Full Name: Mailing Address:			Date of Birth: yy mm dd
Residence Phone:	Cell Phone:	Business Phone:	Fax:
Email:			
CASINO CHAIRPERSON Print Full Name: Mailing Address:			Date of Birth:yy mm dd
Residence Phone:	Cell Phone:	Business Phone:	Fax:
Email:			
BINGO CHAIRPERSON Print Full Name: Mailing Address:			Date of Birth: yy mm dd
Residence Phone:	Cell Phone:	Business Phone:	Fax:
Email:			
RAFFLE CHAIRPERSON Print Full Name: Mailing Address:	N		Date of Birth: mm dd
Print Full Name:	Cell Phone:	Business Phone:	Date of Birth: mm dd
Print Full Name: Mailing Address:		Business Phone:	
Print Full Name: Mailing Address: Residence Phone:	Cell Phone:	Business Phone:	
Print Full Name: Mailing Address: Residence Phone: Email: PULL TICKET CHAIRPE Print Full Name:	Cell Phone:	Business Phone: Business Phone:	Fax:
Print Full Name: Mailing Address: Residence Phone: Email: PULL TICKET CHAIRPE Print Full Name: Mailing Address:	Cell Phone:		Fax: Date of Birth:
Print Full Name: Mailing Address: Residence Phone: Email: PULL TICKET CHAIRPE Print Full Name: Mailing Address: Residence Phone:	Cell Phone:		Fax: Date of Birth:
Print Full Name: Mailing Address: Residence Phone: Email: PULL TICKET CHAIRPE Print Full Name: Mailing Address: Residence Phone: Email: POSITION HELD: Print Full Name:	Cell Phone:		Fax: Date of Birth: dd Fax:

A privacy statement for the collection of personal information may be found at www.aglc.ca.