

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

AGLC requests a Communication Contact email address for purposes of sharing or requesting important information related to charitable gaming licensing. Please ensure this email is updated.					
Communication Cont	act Email:				
Group Name and Ma	iling Address:		AGLC ID Number:		
Website:					
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; and, one individual cannot hold more than one executive position unless permitted in the groups bylaws (e.g. Secretary/Treasurer).					
PRESIDENT					
Print Full Name: Mailing Address:			Date of Birth:yy mm dd		
Residence Phone:	Cell Phone:	Business Phone:	Fax:		
Email:					
TREASURER					
Print Full Name:			Date of Birth: yy mm dd		
Mailing Address:					
Residence Phone:	Cell Phone:	Business Phone:	Fax:		
Email:					
SECRETARY					
Print Full Name:			Date of Birth: yy mm dd		
Mailing Address:					
Residence Phone:	Cell Phone:	Business Phone:	Fax:		
Email:					
VICE PRESIDENT					
Print Full Name:			Date of Birth: mm dd		
Mailing Address:					
Residence Phone:	Cell Phone:	Business Phone:	Fax:		
Email:					

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

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

PROTECTED B WHEN COMPLETED FORM RS/5471 (2019 Aug)