



HOST FIRST NATION CHARITY BOARD OF DIRECTORS

50 Corriveau Avenue
St. Albert, Alberta T8N 3T5

Phone: 780-447-8600 Fax: 780-447-7505
Website: aglc.ca

Charity Name: _____	Date: _____
Date Bylaws / Articles of Association / Resolution last updated: _____	ID #: _____
Copy to AGLC <input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Name of Board Director (print): _____	Position: _____
Date Commenced: _____	Signing Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Signature: _____	Email Address: _____

2. Name of Board Director (print): _____	Position: _____
Date Commenced: _____	Signing Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Signature: _____	Email Address: _____

3. Name of Board Director (print): _____	Position: _____
Date Commenced: _____	Signing Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Signature: _____	Email Address: _____

4. Name of Board Director (print): _____	Position: _____
Date Commenced: _____	Signing Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Signature: _____	Email Address: _____

5. Name of Board Director (print): _____	Position: _____
Date Commenced: _____	Signing Authority: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to disclose	
Signature: _____	Email Address: _____

Protection of Privacy

The personal information requested on this form is collected under the authority of Section 4(c) of the Alberta *Protection of Privacy Act*. It will be used for the administration of all policies and processes relating to Charitable Gaming Licensing. Automated systems may be used for internal analytics and/or support. If you have any questions, please contact our Privacy Officer at privacy@aglc.ca or via mail: AGLC, 50 Corriveau Avenue, St. Albert, AB T8N 3T5.