



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 Contact Email: _____

Group Name and Mailing 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: _____ Date of Birth:

Mailing Address: _____

Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____

Email: _____

TREASURER

Print Full Name: _____ Date of Birth:

Mailing Address: _____

Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____

Email: _____

SECRETARY

Print Full Name: _____ Date of Birth:

Mailing Address: _____

Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____

Email: _____

VICE PRESIDENT

Print Full Name: _____ Date of Birth:

Mailing Address: _____

Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____

Email: _____

SECRETARY/TREASURER (if applicable)

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____
Email: _____

CASINO CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____
Email: _____

BINGO CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____
Email: _____

RAFFLE CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____
Email: _____

PULL TICKET CHAIRPERSON

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____
Email: _____

POSITION HELD:

Print Full Name: _____ Date of Birth: / /
Mailing Address: _____
Residence Phone: _____ Cell Phone: _____ Business Phone: _____ Fax: _____
Email: _____