

List of Elected Executive

Date Completed:	
Date completed.	

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.

related to charitable gailing licensing	. Flease elisure tills elilali is upuateu.			
Communication Contact Email				
Group Name	AGLC ID Number			
Mailing Address	City/Town	Province	Postal Code	
Website	<u> </u>		I	
(i.e., parent, child, brother and sister	s may not be held by related members), marriage, common-law partnership on hless permitted in the group's bylaws (or adoption. One indivi	dual must not hold	
Volunteer Elected President				
Full Name (Please print)		Date of Birth (year/month/day)		
Mailing Address	City/Town	Province	Postal Code	
Contact Phone	Email	I	I	
Volunteer Elected Treasurer				
Full Name (Please print)		Date of Pirth (/ear/month/day)	
Tun Name (Ficase print)		Date of Birtin (real/month/day)	
Mailing Address	City/Town	Province	Postal Code	
Contact Phone	Email			
Volunteer Elected Secretary	<u> </u>			
Full Name (Please print)			Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code	
Contact Phone	Email			
Volunteer Elected Vice President				
Full Name (Please print)		Date of Birth (/ear/month/day)	
Mailing Address	City/Town	Province	Postal Code	

Email

AGLC

Contact Phone

Volunteer Elected Secretary/Treas	surer (if applicable)		
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		
	I		
Casino Chairperson			
Full Name (Please print)		Date of Birth (y	rear/month/day)
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		
Bingo Chairperson			
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		
Paffle Chairnerson	I		
Raffle Chairperson Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		
Pull Ticket Chairperson Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		
Position Held			
Full Name (Please print)		Date of Birth (year/month/day)	
Mailing Address	City/Town	Province	Postal Code
Contact Phone	Email		
	<u> </u>		

AGLC Contact Information

50 Corriveau Avenue Phone: 780-651-7600 | Toll -Free 1-855-506-1066 Website: aglc.ca
St. Albert, Alberta T8N 3T5 Fax: 780-447-8911 or 447-8912 Email: gaming.licensing@aglc.ca

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