This form may be obtained from our website: aglc.ca



List of Elected Executive

Communication Contact Email

Date Completed:

AGLC requests a communication contact email address for purposes of sharing or requesting important information related to charitable gaming licensing. Ensure this email is updated.

Group Name				A	AGLC ID Number			
Mailing Address City			ty/Town	Pr	ovince	Postal Code		
Website								
Volunteer elected executive positions (i.e., parent, child, brother and sister) more than one executive positions un	, marriage, c	common	-law partnership or ad	doption	. One indivi	idual n		
Volunteer Elected President								
Legal Last Name			Legal First Name	Legal First Name				
Legal Middle Name			Preferred Name					
Date of Birth (YY/MM/DD)			Gender ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to disclose					
Mailing Address	Ci	ity/Towr	1		Province	Posta	al Code	
Contact Phone			Email					
Volunteer Elected Treasurer								
Legal Last Name			Legal First Name					
Legal Middle Name			Preferred Name					
Date of Birth (YY/MM/DD)				□ Non-	-binary \square	Prefer	not to disclose	
Mailing Address	Ci	ity/Towr			Province		al Code	
Contact Phone			Email			ı		
Volunteer Elected Secretary								
Legal Last Name			Legal First Name					
Legal Middle Name			Preferred Name					
Date of Birth (YY/MM/DD)		0		□ Non-	-binary □	Prefer	not to disclose	
Mailing Address	Ci	ity/Towr			Province		al Code	
Contact Phone			Email			1		

Volunteer Elected Vice President						
Legal Last Name		Legal I	First Name			
Legal Middle Name		Prefer	red Name			
Date of Birth (YY/MM/DD)	G	ender Male	☐ Female	□ Nor	n-binary \square	Prefer not to disclose
Mailing Address	City/Town				Province	Postal Code
Contact Phone		Email				
Valuation Floated County /Two county life	annliachta	,				
Volunteer Elected Secretary/Treasurer (if Legal Last Name	аррисавіе	,	First Name			
_						
Legal Middle Name		Prefer	red Name			
Date of Birth (YY/MM/DD)	G	ender Male	☐ Female	□ Nor	n-binary \square	Prefer not to disclose
Mailing Address	City/Town				Province	Postal Code
Contact Phone	1	Email			<u> </u>	
Casino Chairperson Legal Last Name		Legal	First Name			
_						
Legal Middle Name		Prefer	red Name			
Date of Birth (YY/MM/DD)		iender	☐ Female	□ Nor	n-hinary □	Prefer not to disclose
Mailing Address	City/Town				Province	Postal Code
Contact Phone	<u> </u>	Email			l	
		1				
Bingo Chairperson						
Legal Last Name		Legal	First Name			
Legal Middle Name		Prefer	red Name			
Date of Birth (YY/MM/DD)	G □	ender Male	☐ Female	□ Nor	n-binary \square	Prefer not to disclose
Mailing Address	City/Town				Province	Postal Code
Contact Phone		Email				

Raffle Chairperson					
Legal Last Name		Legal First Name			
Legal Middle Name	Preferred Name				
Date of Birth (YY/MM/DD)	G	ender Male □ Female	□ Non	-binary □	Prefer not to disclose
Mailing Address	City/Town			Province	Postal Code
Contact Phone	l	Email			
		I			
Pull Ticket Chairperson					
Legal Last Name		Legal First Name			
Legal Middle Name		Preferred Name			
Date of Birth (YY/MM/DD)	G	ender Male \square Female	□ Non	-binary \square	Prefer not to disclose
Mailing Address	City/Town			Province	Postal Code
Contact Phone		Email			
Other Position					
Position Held					
Legal Last Name		Legal First Name			
Legal Middle Name		Preferred Name			
Date of Birth (YY/MM/DD)	G	ender Male □ Female	□ Non	-binary \square	Prefer not to disclose
Mailing Address	City/Town			Province	Postal Code
Contact Phone	<u> </u>	Email			
		l			

AGLC Contact Information			
50 Corriveau Avenue	Phone: 780-651-7600 Toll -Free 1-85	55-506-1066	Website: aglc.ca
St. Albert, Alberta T8N 3T5	Fax: 780-447-8911 or 447-8912	Email: gam	ing.licensing@aglc.ca