



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](http://aglc.ca) Email: [gaming.licensing@aglc.ca](mailto: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: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### TREASURER

Print Full Name: \_\_\_\_\_ Date of Birth:         

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SECRETARY

Print Full Name: \_\_\_\_\_ Date of Birth:         

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### VICE PRESIDENT

Print Full Name: \_\_\_\_\_ Date of Birth:         

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SECRETARY/TREASURER (if applicable)**

Print Full Name: \_\_\_\_\_ Date of Birth:          /          /           
Mailing Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**CASINO CHAIRPERSON**

Print Full Name: \_\_\_\_\_ Date of Birth:          /          /           
Mailing Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**BINGO CHAIRPERSON**

Print Full Name: \_\_\_\_\_ Date of Birth:          /          /           
Mailing Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**RAFFLE CHAIRPERSON**

Print Full Name: \_\_\_\_\_ Date of Birth:          /          /           
Mailing Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**PULL TICKET CHAIRPERSON**

Print Full Name: \_\_\_\_\_ Date of Birth:          /          /           
Mailing Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**POSITION HELD:**

Print Full Name: \_\_\_\_\_ Date of Birth:          /          /           
Mailing Address: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_