

LIST OF ELECTED EXECUTIVE

It is imperative that the Alberta Gaming and Liquor Commission (AGLC) be kept informed of any changes to the elected executive. Please provide information for all bona fide executive members and positions authorized to sign documents forwarded to AGLC. Complete this form and return to the AGLC as follows:

Alberta Gaming and Liquor Commission

Regulatory Division, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5
Fax (780) 447-8911 or (780) 447-8912, email: gaming.licensing@aglc.gov.ab.ca

Group Name and Mailing Address: _____ _____ _____ Email: _____ Website: _____	AGLC ID Number: _____ Date Completed: _____
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PRESIDENT		Term Expiry Date: <u> </u> <u> </u> <u> </u>	
Print Full Name: _____		Date of Birth: <u> </u> <u> </u> <u> </u>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

TREASURER		Term Expiry Date: <u> </u> <u> </u> <u> </u>	
Print Full Name: _____		Date of Birth: <u> </u> <u> </u> <u> </u>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

SECRETARY		Term Expiry Date: <u> </u> <u> </u> <u> </u>	
Print Full Name: _____		Date of Birth: <u> </u> <u> </u> <u> </u>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

VICE PRESIDENT		Term Expiry Date: <u> </u> <u> </u> <u> </u>	
Print Full Name: _____		Date of Birth: <u> </u> <u> </u> <u> </u>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

SECRETARY/TREASURER		Term Expiry Date: <u>yy</u> <u>mm</u> <u>dd</u>	
Print Full Name: _____		Date of Birth: <u>yy</u> <u>mm</u> <u>dd</u>	
Mailing Address: _____ _____			
Residence Phone: _____		Business Phone: _____	Fax: _____
		Postal Code	Email: _____

BINGO CHAIRPERSON		Term Expiry Date: <u>yy</u> <u>mm</u> <u>dd</u>	
Print Full Name: _____		Date of Birth: <u>yy</u> <u>mm</u> <u>dd</u>	
Mailing Address: _____ _____			
Residence Phone: _____		Business Phone: _____	Fax: _____
		Postal Code	Email: _____

CASINO CHAIRPERSON		Term Expiry Date: <u>yy</u> <u>mm</u> <u>dd</u>	
Print Full Name: _____		Date of Birth: <u>yy</u> <u>mm</u> <u>dd</u>	
Mailing Address: _____ _____			
Residence Phone: _____		Business Phone: _____	Fax: _____
		Postal Code	Email: _____

RAFFLE CHAIRPERSON		Term Expiry Date: <u>yy</u> <u>mm</u> <u>dd</u>	
Print Full Name: _____		Date of Birth: <u>yy</u> <u>mm</u> <u>dd</u>	
Mailing Address: _____ _____			
Residence Phone: _____		Business Phone: _____	Fax: _____
		Postal Code	Email: _____

POSITION HELD: _____		Term Expiry: <u>yy</u> <u>mm</u> <u>dd</u>	
Print Full Name: _____		Date of Birth: <u>yy</u> <u>mm</u> <u>dd</u>	
Mailing Address: _____ _____			
Residence Phone: _____		Business Phone: _____	Fax: _____
		Postal Code	Email: _____

POSITION HELD: _____		Term Expiry: <u>yy</u> <u>mm</u> <u>dd</u>	
Print Full Name: _____		Date of Birth: <u>yy</u> <u>mm</u> <u>dd</u>	
Mailing Address: _____ _____			
Residence Phone: _____		Business Phone: _____	Fax: _____
		Postal Code	Email: _____

The personal information you are providing on this application is collected under the authority of the Gaming and Liquor Act, Gaming and Liquor Regulation, and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The information is strictly for the use of the Alberta Gaming and Liquor Commission (AGLC) for authorized purposes only including assessing your eligibility for a licence and the processing of your application in compliance with AGLC policy. The personal information you provide is managed according to Alberta's *Freedom of Information and Protection of Privacy Act* under which you have a right of access to your personal information. If you have any questions about the collection or use of this information, please contact: Regulatory Division Alberta Gaming and Liquor Commission, 50 Corriveau Avenue St. Albert, Alberta T8N 3T5 Telephone: 780/447-8600 Toll-free: 1-800-272-8876