

Games of Chance

Officers and Members Listing

CHARITABLE ORGANIZATION CONTACT INFORMATION			
Name of Charitable Organization:			
Address for Official Correspondence: _____			
Street/PO Box	City/Town	State	Zip
Primary Phone Number:		Alternate Phone Number:	

Please provide the following information for ALL officers, AND any members and employees who participate in the operation of Games of Chance.

POSITION TITLE <i>(Commander, Member, Treasurer, etc.)</i>	FULL NAME	PHONE #	LEGAL ADDRESS	*Able to handle MONETARY TRANSACTIONS?

*** Any members noted on this form as “handling monetary transactions” MUST submit criminal background documents.**