



This form may be obtained from our website:
<http://aglc.ca>

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.ca

Please note: one individual may not hold more than one executive position, unless this is permitted in the group's by-laws (e.g., Secretary/Treasurer); control of the group must not be held by a small group based on family relations. 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.

Group Name and Mailing Address: _____ _____ _____	AGLC ID Number: _____
Email: _____ Website: _____	Date Completed: _____

PRESIDENT	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: _____ _____	Postal Code _____		
Residence Phone: _____	Business Phone: _____	Fax: _____	Email: _____

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: _____ _____	Postal Code _____		
Residence Phone: _____	Business Phone: _____	Fax: _____	Email: _____

SECRETARY	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: _____ _____	Postal Code _____		
Residence Phone: _____	Business Phone: _____	Fax: _____	Email: _____

VICE PRESIDENT	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: _____ _____	Postal Code _____		
Residence Phone: _____	Business Phone: _____	Fax: _____	Email: _____

SECRETARY/TREASURER		Term Expiry Date: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Print Full Name: _____		Date of Birth: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

BINGO CHAIRPERSON		Term Expiry Date: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Print Full Name: _____		Date of Birth: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

CASINO CHAIRPERSON		Term Expiry Date: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Print Full Name: _____		Date of Birth: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

RAFFLE CHAIRPERSON		Term Expiry Date: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Print Full Name: _____		Date of Birth: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

POSITION HELD: _____		Term Expiry: <input type="text"/> <input type="text"/> <input type="text"/>	
Print Full Name: _____		Date of Birth: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
Mailing Address: _____ _____			
Residence Phone: _____	Business Phone: _____	Fax: _____	Postal Code Email: _____

POSITION HELD: _____		Term Expiry: <input type="text"/> <input type="text"/> <input type="text"/>	
Print Full Name: _____		Date of Birth: <input type="text" value="yy"/> <input type="text" value="mm"/> <input type="text" value="dd"/>	
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