

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: _____		Email: _____	
()		()	
		Postal Code	

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: _____		Email: _____	
()		()	
		Postal Code	

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: _____		Email: _____	
()		()	
		Postal Code	

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: _____		Email: _____	
()		()	
		Postal Code	

SECRETARY/TREASURER Term Expiry Date: / /

Print Full Name: _____ Date of Birth: / /

Mailing Address: _____

 _____ Postal Code _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____
 () () ()

PAST PRESIDENT Term Expiry Date: / /

Print Full Name: _____ Date of Birth: / /

Mailing Address: _____

 _____ Postal Code _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____
 () () ()

POSITION HELD: _____ Term Expiry: / /

Print Full Name: _____ Date of Birth: / /

Mailing Address: _____

 _____ Postal Code _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____
 () () ()

POSITION HELD: _____ Term Expiry: / /

Print Full Name: _____ Date of Birth: / /

Mailing Address: _____

 _____ Postal Code _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____
 () () ()

POSITION HELD: _____ Term Expiry: / /

Print Full Name: _____ Date of Birth: / /

Mailing Address: _____

 _____ Postal Code _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____
 () () ()

POSITION HELD: _____ Term Expiry: / /

Print Full Name: _____ Date of Birth: / /

Mailing Address: _____

 _____ Postal Code _____

Residence Phone: _____ Business Phone: _____ Fax: _____ Email: _____
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The information you are providing on this application form is collected under the authority of the *Gaming and Liquor Act*, Gaming and Liquor Regulation, and the *Freedom of Information and Protection of Privacy (FOIP) Act*, section 33(c). The information is strictly for the use of the Alberta Gaming and Liquor Commission in assessing your eligibility. Your personal information is protected by Alberta's FOIP Act and can be reviewed upon request. If you have any questions about the collection or use of the information, please contact Alberta Gaming and Liquor Commission, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5 Telephone: 780-447-8600, Toll-free: 1-800-272-8876.