



Name of Organization: _____

Bingo Identification Number: _____ Date: _____

SCHEDULE 1: OFFICERS AND DIRECTORS

List names, addresses and dates of birth of all officers.

If organization is a corporation, or an incorporated or unincorporated association, list officers and directors.

TITLE	NAME	DATE OF BIRTH	ADDRESS	CITY	ZIP
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Attach additional sheet if necessary.

SCHEDULE 2: MEMBERS IN CHARGE OF GAMES

(ALL MEMBERS IN CHARGE OF GAMES MUST BE MEMBERS OF APPLICANT ORGANIZATION)

NAME	YEARS OF MEMBERSHIP	DATE OF BIRTH	ADDRESS	CITY	ZIP
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