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Proudly Serving Charitable Gambling Organizations Throughout Minnesota

ACM Director Application/Questionnaire

PLEASE CHECK THE APPROPRIATE BOX BELOW

REGION DIRECTOR - Region _____

AT-LARGE DIRECTOR

1. Complete Information Below. (Please print)

Name _____

Address _____

Home Telephone # (____) _____ - _____ Work Telephone # (____) _____ - _____

Sponsoring Organization _____

Organization License Number _____ - _____

2. Have Organization Officer Complete Certificate Of Membership On Back.

3. What Is Your Gambling Experience? (Please explain) _____

4. Is Your Organization Aware Of Your Interest As A Director? YES or NO If Yes, Are They Supportive?

5. Please Tell Us A Little About Yourself. _____

6. REGION DIRECTOR Candidates Please Complete Application/Questionnaire & Certificate Of Membership And Submit To ACM Executive Director By Monday, October 20, 2003.

AT-LARGE DIRECTOR Candidates Please Complete Application/Questionnaire & Certificate Of Membership And Submit To ACM Executive Director By 12:00 pm On Saturday, November 22, 2003.

Certificate Of Membership

This is to certify that on this _____ day of _____, 2003,

_____ is a member in good standing of
(ACM Board Member)

_____, having all the privileges of
(Organization)

membership, none having been revoked, suspended, or denied.

(Signature Of Officer)

(Title)

Pursuant to Article IV Board Of Directors 4.02 Number, Qualifications, and Tenure (A) of the CERTIFICATE OF RESTATED ARTICLES OF INCORPORATION OF ALLIED CHARITIES OF MINNESOTA, INC. which states:

(A) Each director shall be a member in good standing of an organization which is a member in this corporation with its principal place of business or registered office in that region which he or she is to represent.