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Proudly Serving Charitable Gambling Organizations Throughout Minnesota

# ACM Director Application/Questionnaire

PLEASE CHECK THE APPROPRIATE BOX BELOW

REGION DIRECTOR - Region \_\_\_\_\_

2005 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 King Wilson *By Friday, November 12, 2004.*

2005 AT-LARGE DIRECTOR Candidates Please Complete Application/Questionnaire & Certificate Of Membership And Submit To ACM Executive Director King Wilson *By Monday, December 13, 2004.*

# Certificate Of Membership

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 2004,

\_\_\_\_\_ is a member in good standing of  
(ACM Board Member Candidate)

\_\_\_\_\_, 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membership, none having been revoked, suspended, or denied.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 RESTATED BYLAWS 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.