

Bingo Advisory Committee

Nomination Form

The nomination form and supplemental information may be submitted by mail or fax as follows:
Charitable Bingo Operations Division
Texas Lottery Commission
P.O. Box 16630
Austin, TX 78761-6630
FAX: (512) 344-5142

Please Print

Nominee: (You may nominate yourself)

Name: _____ Social Security Number: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Home Phone (Optional): _____
(Area Code and Number) (Area Code and Number)

E-mail Address: _____

How Long Has The Nominee Been Involved In Bingo? _____

What Is The Nature Of The Nominees Involvement In Bingo? _____

Please Provide A Brief Statement Regarding What The Nominee Would Like to Accomplish As A Member Of The BAC:

Is the nominee currently a member of an organization licensed to conduct any bingo-related activity in Texas?

Yes No If you answered "Yes" please complete the following:

Organization Name: _____

Organization Taxpayer Number: _____

Charitable Purpose of Organization (If Applicable): _____

How Long Has The Organization Been In Existence? _____

Organization Playing Location (if applicable): _____
Address City State Zip Code

Position(s) Held In Organization By Nominee: _____

How Long Has Nominee Been Associated With The Organization? _____

Position

(Please check only ONE category.)

- General Public* Charity Lessor Commercial Lessor
- Distributor Manufacturer System Service Provider
- Conductor Operating Charitable Bingo Games for the following type of organization:
 - Veteran Fraternal Religious Medical Volunteer Fire Department

*If the nominee for this position is associated in any way with any licensee(s), please list the licensee(s) and the type of association:

