



Charitable Bingo Operations Division

Designation of Member

(Rev. 4/10)

WHO SHOULD SUBMIT THIS FORM

This form must be submitted by a license authorized organization or applicant for a license to conduct bingo desiring to designate an individual as a member of their organization for the purposes of conducting bingo and other law.

FOR SUBMISSION

By Mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630 Via Fax: (512) 344-5142.

GENERAL INSTRUCTIONS

- Under Bingo Enabling Act, Occupations Code, Chapter 2001 Section 2001.411(c-1), a designated member may serve as a director or operator for an organization.
The information requested below is necessary to conduct a criminal history background investigation which is authorized under the Bingo Enabling Act, Occupations Code, Chapter 2001.
This form must have signatures of the designated member and the Bingo Chairperson.
The name entered should be as it appears on the individual's official documents such as a driver's license. Do not use nicknames.
Entry of a personal e-mail address is optional and would be used for electronic communication by the Texas Lottery Commission.
If an individual is listed as an operator, list the six (6) digit worker registry number and expiration date.
To remove a designated member from the bingo record, a written request must be made to the Commission by the individual being removed or the Bingo Chairperson of the organization.
If the individual being designated as a member of your organization resides outside of Texas, a Federal Bureau of Investigation or Texas Department of Public Safety fingerprint card must accompany this application unless previously provided to the commission.

TAXPAYER INFORMATION

Applicant or Licensee Taxpayer Number
Mailing Address (Street Address, P.O. Box or Rural Route)
City State ZIP Code

DESIGNATED MEMBER INFORMATION

A. Name (LAST, FIRST, MIDDLE INITIAL) B. Social Security Number
C. Worker Registry Number Expiration Date (MM/DD/YYYY) D. Driver's License Number State
E. Home Address (Street Address, P.O. Box or Rural Route)
City State ZIP Code F. Phone Number (Area Code & Number)
G. Race H. Gender I. Date of Birth (Month, Day, Year) J. E-mail Address (optional)
K. Positions: (place checkmark in all that apply) 17-Designated Member 03-Director 07-Operator

DESIGNATED MEMBER STATEMENT OF RESPONSIBILITY Please read the following statements carefully and indicate your understanding by signing the space provided

1) I elect to become a designated member of the above referenced organization for the purposes of conducting bingo and other law. 2) I declare that during the preceding ten years, I have not been convicted of a felony, criminal fraud, gambling related offense or crime of moral turpitude, or served any sentence, parole, mandatory supervision or probation for such offense. 3) I declare that all information contained on this application is true and complete. 4) I will abide by the provisions of the Bingo Enabling Act and Charitable Bingo Administrative Rules.

Exceptions:

sign here Designated Member Print Name Date

STATEMENT OF RESPONSIBILITY Please read the following statements carefully and indicate your understanding by signing the space provided

1) We hereby designate the above referenced individual as a member of our organization for the purposes of conducting bingo and other law. 2) We are aware that our organization is responsible for all of the activities conducted by its organization members and designated members.

sign here Bingo Chairperson Print Name and Title Date