

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: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip Code: _____

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

Cell Phone (optional): _____ E-mail Address: _____
(Area Code and Number)

How long has the nominee been involved in bingo? _____

What is the nature of the nominee's 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): _____
Playing Location Name

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
- 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:

