

Valley Charitable Gaming Society Membership Application

Date

)rao	nization Name:			,	month/year	
лgа	nization Name: Mailing Address: _					
	City:					
	Office Phone Numb	oer:	Office Email:			
	Website:			_		
	Contact Person:		Title:			_
	Phone Number:		Email:			_
	Address:					
	Alternate Contact:		Title:			_
			Email:			_
	Address:					
	Please Circle Correct Sector:					
	Arts and Culture Public Safety	•	Human and So	cial Services	Environmer	nt
Woul	Would you be willing to stand for a position on the Board of Directors? YES NO					
I have	ve a background in and would be willing to share that expert					

Valley Charitable Gaming Society 2384 – Unit E Rosewall Crescent Courtenay, BC, V9N 8R9

Ph: 250-334-3072

Remember: We are here to assist you.

Office Hours: 9 am - 1 pm Tuesday & Thursday