WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: PO Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / WEBSITE: wsgc.wa.gov

CHARITABLE / NONPROFIT ORGANIZATION APPLICATION OFFICER CHANGE FORM

1. ORGANIZATIONAL INFORMATION:

Applicant: _____
Organization Name / Chapter / Agricultural Fair Name

2. ELECTED ORGANIZATION / FAIR BOARD OFFICERS:

Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older).

a. President (or equivalent):

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: ___ / ___ / ___

Maiden / Alias Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

@ _____

Telephone:

Home: ___-___-___ Work: ___-___-___

Cell: ___-___-___

b. Vice President (or equivalent):

Last Name: _____

First Name: _____

Middle Name: _____ Birthdate: ___ / ___ / ___

Maiden / Alias Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

@ _____

Telephone:

Home: ___-___-___ Work: ___-___-___

Cell: ___-___-___

2. ELECTED ORGANIZATION / FAIR BOARD OFFICERS: (Continued)

c. Treasurer (or equivalent):

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Maiden / Alias Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Home Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Email Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Telephone:

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

d. Secretary (or equivalent):

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Maiden / Alias Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Home Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Email Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Telephone:

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

e. Board Chairperson (or equivalent):

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Maiden / Alias Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Home Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Email Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Telephone:

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

3. **ACTIVITY / FAIR MANAGER(S) FOR EACH GAMBLING ACTIVITY:** Provide full legal name and proof of identity such as a copy of a valid driver's license, state identification card, or passport (age must be 18 or older) If you are managing an electronic raffle event or supervise those who do, you must apply as a charitable / nonprofit gambling manager (*Individual License Application*, GC4-022). See WAC 230-03-235. (Attach additional sheets if necessary)

Last Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

First Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Middle Name: |___|___|___|___|___|___|___|___|___|___|___|___| Birthdate: |___|___| / |___|___| / |___|___|___|___|

Maiden / Alias Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Gambling Activity:|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Home Street Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Email Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

@ |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Telephone:

Home: |___|___|___|-|___|___|___|-|___|___|___|___| Work: |___|___|___|-|___|___|___|-|___|___|___|___|

Cell: |___|___|___|-|___|___|___|-|___|___|___|___|

Clear Form *Print*