



**Organization Members Assisting
In Gaming Information Sheet**

Louisiana Department of Revenue
Office of Charitable Gaming
PO Box 1631
Baton Rouge, LA 70821
Phone: 1-800-562-9235
www.ocg.louisiana.gov

STATE LICENSE NUMBER: G-_____ ORGANIZATION NAME: _____

OFFICIAL SIGNATURE OF EXISTING OFFICER: X _____

1. Any changes in members assisting in Gaming must be filed with the Office of Charitable Gaming within ten (10) days of the change.
2. **DO NOT** include any officials you listed on the "Organization Officials Information Sheet" (Page 2).
3. You may request, in writing, a list of current members that are on file for your organization. The office highly recommends requesting this list to assure your records, as well as the office's, are accurate.
4. The Social Security number is required and it is kept confidential. If you do not provide it, that member can not work games of chance.

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

Name (Last, First, MI) <i>Please Print</i>		Home Address (Street, City, State, and Zip)	
Social Security Number (required)	Date of Birth	Please check the appropriate action: <input type="checkbox"/> Add <input type="checkbox"/> Inactivate <input type="checkbox"/> Renew	

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