



PO Box 104591, Jefferson City, MO 65110

Help Line 1-888-BETSOFF (1-888-238-7633)

www.888betsoff.org

Participating Member Application

Please complete this form and then print, sign and mail it to the address listed above.

(Name of Organization/Individual)

Applying as an:

Individual

Organization

(Point of Contact - for organizaion)

(Title)

(Street Address)

(City, State and Zip Code)

(Daytime Phone w/area code)

(Evening Phone w/area code)

(Fax)

(E-mail)

Please describe your reason(s) for requesting membership in the Missouri Alliance to Curb Problem Gambling:

Four horizontal lines for describing the reason for requesting membership.

Please attach a short bio about yourself and/or your organization.

For Office Use Only:

Date Received: _____ 20____ Place Agenda For _____ Meeting

Action Taken: Accept Application Reject Application

Applicant notified on _____ via letter phone e-mail fax by _____