



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:

Five 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 \_\_\_\_\_