



1994 - 2025 = 31 Years Working On Your Bingos' Behalf

Membership Application

Date: _____

Bingo license number: B-_____

Our average number of players per week: _____

Organization name: _____

Organization address: _____

City _____ Zip code: _____

Bingo chairman: _____

Give title if not chairman: _____

Chairman's home address: _____

City: _____ Zip code: _____

What day do you have your bingo: _____

What time does bingo start: _____

Organization Cell Phone: _____ Chairman Cell Phone: _____

Organization email address: _____ @ _____

Chairman e-mail address: _____ @ _____

Should correspondence go to your home? (circle one) Yes ----- No

Our check # _____ is enclosed for our annual dues. amount \$ _____

Mail to: ACGM

8650 N Boatman Hill Road

Columbia, MO 65202