

## Field-Agency Information Form

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**Date Form Completed:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** OH **Zip:** \_\_\_\_\_

**Organization E-Mail Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Organization Website Address:** \_\_\_\_\_

**Bingo Licenses:**

*(please check all that apply)*

Type I	<input type="checkbox"/>
Type II	<input type="checkbox"/>
Type III	<input type="checkbox"/>

**Contact Information:**

*Each Organization has assigned members to be primary contacts for gaming and charitable operations. These members also have custodianship of the checking accounts and charity records. We would like to place these members on our mailing and e-mailing lists.*

**Primary Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **OH Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **OH Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Comments and Suggestions:** *Please list any comments, suggestions or things that you would like to see added to either the VFW Ohio website or the VFW OH Charities web site.*
