



Field-Agency Information Form

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.*
