

SC Charity Bingo Association
Application for Membership

Organization Name _____

Contact Person _____

Mailing Address _____

City, State ZIP _____

Address _____ City _____ State _____ ZIP _____

Phone _____ FAX _____

Contact Email Address _____

Type of Organization: please check one

- *B Game Charity___ *Promoter___ Distributor___ Manufacturer___
- *C, D, E, or F Class Game Charity___
- Third Party Membership (Vendors, Professional Service Providers)
- Bingo Customers

Dues & Membership

- \$2400 Annual
- \$ 600 Annual
- \$ 100 Bi-Annual
- \$ 15 Bi-Annual

NOTES: Annual memberships will be invoiced quarterly. Bi-Annual memberships must remit payment with the application for membership. No portion of the membership fee is allocated to any PAC (Political Action Committee). **(*Must Complete Game/Location Information)**

The goal of the SCCBA is to have both the charities and the affiliated promoters join together in support of the industry. Therefore we require the contact information of your bingo partners. We will also contact the organizations listed below to solicit their membership into the SCCBA.

Charity (Required Information)

Name of Bingo Game _____ Game Class _____
 Physical Location Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Do you contract with a professional solicitor/promoter to operate the bingo game your organization sponsors?
Yes___ (provide information below) No___

Professional Solicitor/Promoter Name _____
 Business or Corporation Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Promoter (Required Information)

Number of Licenses Held _____

1) Name of Bingo Game _____ Game Class _____
 Physical Location Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Charitable Sponsor _____
 Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

2) Name of Bingo Game _____ Game Class _____
 Physical Location Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Charitable Sponsor _____
 Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

3) Name of Bingo Game _____ Game Class _____
 Physical Location Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Charitable Sponsor _____
 Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

4) Name of Bingo Game _____ Game Class _____
 Physical Location Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Charitable Sponsor _____
 Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

5) Name of Bingo Game _____ Game Class _____
 Physical Location Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Charitable Sponsor _____
 Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

Return Address

SC Charity Bingo Association
P. O. Box 26057
Greenville, SC 29616-1057