NAGRA NORTH AMERICAN GAMING REGULATORS ASSOCIATION

MEMBERSHIP APPLICATION

Name (Use Title of Governmental Agency, Bureau, Commission, or Other Entity)				
Mailing Address				
City		State/Province	Country	Postal Code
Telephone Number	FAX Number	Web site address: www.		

Annual Member Dues (Membership year runs from July 1 through June 30) **$425 US**

Executive Director of Agency:

Name	Title	Email

Additional Contact Person(s) of the Agency:

Name	Title	Email

Indicate Games Regulated (check all that apply):

☐ Bingo ☐ Raffles ☐ Carnival Games ☐ Millionaire Party/ Las Vegas Night ☐ Keno

☐ Pull-Tabs ☐ Lotteries ☐ Cardrooms ☐ Video Gambling Devices ☐ Other:

Sign Here: _____ _____

Signature of Agency Director Date

Make check for $425 US payable to *"NAGRA"*, attach a copy of the authorizing statute, ordinance, or regulation and explanation of the agency's gaming regulatory or enforcement responsibility, and send with a check to

***NAGRA*, 1000 Westgate Drive, Ste 252, St. Paul, MN 55114**

More information at www.nagra.org or email info@nagra.org or call 651.203.7244

NAGRA USE ONLY

Date Received: _____ By NAGRA Manager _____

Date Received: _____ By NAGRA President _____

☐ APPROVED: Date: _____ Notified: _____

☐ DENIED: Date: _____ Notified: _____ ☐ Copy to Treasurer

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