

**Mail Completed Application To:**  
**Department of Agriculture and Consumer Services, Office of Charitable Gaming**  
**P.O. Box 1163**  
**Richmond, Virginia 23218**



**FORM 405**  
**BINGO MANAGER BONA FIDE MEMBER VERIFICATION FORM**

**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**Office of Charitable Gaming**  
P.O. Box 1163, Richmond, Virginia 23218  
(804) 371-0495  
[www.VDACS.Virginia.gov](http://www.VDACS.Virginia.gov)

**BONA FIDE MEMBER VERIFICATION FORM**

- A. Use this form for verification of bingo managers bona fide membership status.
- B. The President of the organization (or equivalent position) is required to complete, sign, and date the form.
- C. No other officer is authorized to complete this form. (Exception: If the President is the individual applying, the Treasurer (or equivalent position) is required to complete, sign, and date the form.)
- D. Do not leave any blanks.
- E. Retain a copy of this completed form for your records.
- F. For questions, comments, and/or concerns, please contact the licensing unit at (804) 371-0495.

**STATUTORY REFERENCE**

Section 18.2-340.34:1.B. of the Charitable Gaming Statute provides:  
As a condition of registration, the applicant shall (i) have been a bona fide member of the qualified organization for at least 12 consecutive months prior to making application for registration...

Section 18.2-340.16 of the Charitable Gaming Statute provides:  
"Bona fide member" means an individual who participates in activities of a qualified organization **other than** [emphasis added] such organization's charitable gaming activities.

**MEMBERSHIP VERIFICATION - BINGO MANAGER**

OCG No. \_\_\_\_\_ Organization Name \_\_\_\_\_  
*As it appears on the Charitable Gaming Permit*

Applicant Bingo Manager's Full Name: \_\_\_\_\_  
First Middle Last

I, \_\_\_\_\_ (print full name) acting in my capacity as President (or equivalent position) of the above referenced organization, do hereby verify that the above named Bingo Manager applicant (1) \_\_\_\_\_ does or (2) \_\_\_\_\_ does not (check one) meet the membership requirements under Section 18.2-340.34:1.B.(i) of the Charitable Gaming Statute. The above named individual became a bona fide member of the organization on \_\_\_\_\_ (Month/Date/Year).

Print Full Name \_\_\_\_\_  
First Middle Last Print Official Organizational Title

Signature \_\_\_\_\_ Date \_\_\_\_\_