

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 \_\_\_\_\_