



ILLINOIS GAMING MACHINE OPERATORS ASSOCIATION

Phone: (815)416-0741 Fax: (815)364-0364 Website: www.igmoa.org

By submitting this application, the **Supplier** certifies that it has read, met, and agreed to all of the terms, conditions, and disclosures linked to this application. I agree that upon acceptance that I am obligated to pay a monthly fee of \$200 to remain a member of the IGMOA.

Representative Name: _____

Company: _____

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Sponsor Name: _____ Company: _____

(Required) Current Operator Member

Sponsor Signature: _____

All Major Credit Cards Are Accepted

Card Type: _____

Name on Card: _____

Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card #: _____ Card Type (MC, Visa, etc.): _____

Exp. Date: _____ 3 Digit Code on Back: _____

Paying by check, make payable and send to: IGMOA P.O. Box 167 Morris, IL 60450

This agreement is subject to the approval of the Board of Directors of the IGMOA

Representative Signature: _____ Date: _____

Thank you for submitting an application.

Video Gaming
Supplier Application