



ILLINOIS GAMING MACHINE OPERATORS ASSOCIATION

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

By submitting this application, I certify that I have read, met, and agreed to all of the terms, conditions, and disclosures. I agree that upon acceptance that I am obligated to pay a monthly fee determined by how many live VGT's I have in my locations to remain a member of the IGMOA. I understand that I must provide all information requested in this application and I certify that all such information is accurate. I further certify that if I am executing this application on behalf of a company, I have full authority to do so.

Representative Name: _____

Company: _____

Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

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

Email: _____

Sponsor Name _____ Company: _____
(Required) Current Member

Sponsor Signature: _____

Price Structure	0-20 \$200	141-180\$1050	301-340 \$1,700
Based on the	21-60 \$750	181-220 \$1,300	341-400 \$1,800
Number of	61-100 \$850	221-260 \$1,500	401-700 \$1,800+\$2.50/VGT
VGTs:	101-140 \$950	261-300 \$1,600	701-Max \$2,800

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
Operator Application