ideo Gaming Operator

I G M O A

ILLINOIS GAMING MACHINE OPERATORS ASSOCIATION

Phone: (815)416-0741 • Fax: (815)364-0364
Website: www.igmoa.org • Email: mangement@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	<u>:</u>
	County:
	Zip Code:
Phone: (Fax: ()
Sponsor Name	Company:
(Required)	Current Member
sponsor Signal	ure:
Price Structure Based on the Number of VGTs:	0-20 \$290.00 141-180 \$1522.50 301-340 \$2465.00 21-60 \$1087.50 181-220 \$1885.00 341-400 \$2610.00 61-100 \$1232.50 221-260 \$2175.00 401-700 \$2,610+\$3.33/VGT 101-140 \$1377.50 261-300 \$2320.00 701-Max \$4,060.00
	r Credit Cards Are Accepted Amount to Charge \$
Name on	Card:
Company	
	dress:
	State: Zip:
	Exp. Date:
· ·	ode on Back:Check #
Paying by o	check, make payable and send to: IGMOA P.O. Box 167 Morris, IL 60450
raying by (bleck, make payable and send to. IGINOA P.O. Box 107 Mortis, IL 60450
This agreeme	nt is subject to the approval of the Board of Directors of the IGMOA

Thank you for submitting an application.

Representative Signature:_____

Date:_____