



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, 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 \$290 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 #: _____ Exp. Date: _____
3 Digit Code on Back: _____ Check # _____

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**

05.22.2018