



MEMBERSHIP APPLICATION & RENEWAL

Please complete and return by fax, 317.387.0999; email, info@IAMOA.org; or mail to the IAMOA offices at 9100 Purdue Rd., Suite 200, Indianapolis, IN , 46268.

Please read the following information before completing this application. Include all the required information. The absence of any item may delay your acceptance. Please type or print all information legibly. Dues must accompany all applications. All applications are subject to approval of the Board of Directors.

Applicant Profile

QUALIFICATIONS & DUES

(Please check all that apply)

I am:

Applying for new membership with the IAMOA

Renewing my membership with the IAMOA

Business type:

Operator (General) Distributor (Associate) Manufacturer

Length of time that business has been in active operation:

Less than 2 years 2 or more years Number of years: _____

If applying for Operator (General) membership, how many Indiana locations do you currently operate? _____

I am enclosing dues for the following membership and understand that the IAMOA will retain \$50 to defray costs associated with this application if it is rejected:

General) Member (\$350) Associate Member (\$500) Other (\$500)

I operate the following equipment:

Jukeboxes Pool Tables Cranes Pinball Golf Darts

Vending Kiddie Rides Redemption Videos Foosball Other

Per section 4.2 of the IAMOA bylaws, a General Member must be a proprietorship, partnership, firm, corporation or other business entity whose primary business is located in the State of Indiana, Kentucky, Illinois, Michigan or Ohio and primary business activity is the operation of coin operated music and/or amusement machines or devices. General Members must have been in business for at least two years and have at least one location in the State of Indiana.

Company Name _____

Company Address _____

City _____ ST _____ Zip Code _____

Phone _____ Fax _____

Email _____

Website _____

Member of AMOA NDA VNEA Other: _____

Name(s) of Owner _____

Dart League Coordinator _____

Pool League Coordinator _____

References

(Required for new applicants, of which one must be an operator)

1. Name _____ Address _____

Phone _____ Email _____

2. Name _____ Address _____

Phone _____ Email _____

3. Name _____ Address _____

Phone _____ Email _____

As a condition of my membership in the IAMOA, I do accept and endorse the Bylaws and Code of Ethics of this association and also certify that the questions answered in this application are true and accurate.

Signature _____ Date _____