



# ILLINOIS COIN MACHINE OPERATORS ASSOCIATION

Phone: (815)416-0741 Fax: (815)585-4094 Website: www.icmoa.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 of \$250 per month. 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 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: ICMOA P.O. Box 167 Morris, IL 60450

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

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for submitting an application.

Video Gaming  
Associate Operator Application