



# ILLINOIS COIN MACHINE OPERATORS ASSOCIATION

Post Office Box 167

Morris, IL 60450

Ph: 815-416-0741 Fx: 815-364-0364 www.icmoa.org

Amusement Application

Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Are you interested in serving on one of our ICMOA Committees?  
Please check any you are interested in and our committee chair will contact you.

- ANNUAL MEETING COMMITTEE
- EDUCATION & TECHNOLOGY COMMITTEE
- MEMBERSHIP COMMITTEE
- PAC COMMITTEE
- TOURNAMENT COMMITTEE

## MEMBERSHIP FEES

I hereby apply for membership in the Illinois Coin Machine Operators Association.

\_\_\_\_ Operator ..... \$300 per year

I certify that I have 25 or more licensed coin operated music or amusement machines in the state of Illinois. I also certify that I have not applied for or possess a Video Gaming License.

\_\_\_\_ Distributor ..... \$380 per year

\_\_\_\_ Manufacturer ..... \$400 per year

\_\_\_\_ Supplier ..... \$200 per year

Sponsored by \_\_\_\_\_  
(Required) Operator Member Company

I was referred by \_\_\_\_\_  
Name Company

My check is enclosed for the membership fee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

This application is subject to the approval of the Board of Directors of the ICMOA  
**THANK YOU!**