ILLINOIS COIN MACHINE OPERATORS ASSOCIATION

Post Office Box 167
Morris, IL 60450
Ph: 815-416-0741 Fx: 815-364-0364 www.icmoa.org

Membership 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**
- ☐ **LEGISLATIVE AND GOVERNMENT AFFAIRS**
- ☐ **TOURNAMENT COMMITTEE**
- ☐ **OTHER**

MEMBERSHIP FEES

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

_____Operator ..... $300 per year
_____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 ICMOA

Thank You!

Tournaments….Newsletters….Technology… Education…Networking…Representation