

Company _____

Contact _____ Title _____

Address: _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Mobile _____

Website _____ E-Mail _____

OPERATOR MEMBERSHIP (*See Note Below)

Operator membership dues are based on the number of full-time employees; please include owners. (2 part-time employees = 1 full-time employee) All operator members will receive two complimentary badges to the Amusement Expo. Check appropriate box:

- Route Owner Operator 1-9 employees..... **\$399**
- Route Owner Operator 10+ employees..... **\$725**
- Other Operator (FEC, Barcade, Pinball Arcade) 1-9 employees..... **\$399**
- Other Operator (FEC, Barcade, Pinball Arcade) 10+ employees..... **\$725**

Location Types (check all that apply)

- Amusement Arcades
- Bowling Centers
- Street Locations
- Water Parks
- Amusement Parks
- Lodging (Hotels/Motels)
- Family Entertainment Ctrs.
- Malls/Supermarkets
- Bars/Restaurants
- Movie Theaters
- Food Vending/Confections
- Trampoline Parks
- Miniature Golf Locations
- Other

Product Types (check all that apply)

- Jukeboxes
- Kiddie Rides
- Foosball Air Hockey
- Security Systems
- Pinball Games
- Bulk Vending
- Electronic Darts
- Photo Booths
- Cigarette Vending
- Legalized Gaming
- Pool/Billiards
- Card Swipe Systems
- Video Games
- Food Vending/Confections
- Virtual Reality Games
- Micro Markets
- Redemption
- Soft Play Equipment
- ATMs
- In-Venue Advertising

ASSOCIATE MEMBERSHIP Check Membership Type (*See Note Below)

ASSOCIATE "A" MEMBERSHIP
Equipment, Music
Distributor — FULL \$575
2 complimentary badges for Expo

ASSOCIATE "B" MEMBERSHIP
Equipment, Music, Consumable Products
Manufacturer — FULL \$685
Supplier — FULL \$575
2 complimentary badges for Expo

CLASSIFIED MEMBERSHIP
Recording Industry, i.e.,
Songwriters, Publishers — FULL \$400
Assn. Executive — FULL \$325
Consultant — FULL \$400
Trade Press — FULL \$400
2 complimentary badges for Expo

PAYMENT INFORMATION

Please fill out the following completely so that your dues are processed correctly. Check appropriate payment form.

Total Due: \$ _____ Check Enclosed VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card # _____ Exp Date _____ Security Code _____

Name as it appears on Credit Card _____ Zip Code _____

Signature _____

*Note: ALL DUES AMOUNTS INCLUDE A VOLUNTARY \$25 CONTRIBUTION TO COIN-OP CARES & EDUCATION CHARITABLE FOUNDATION. If you do not wish to contribute, please deduct \$25 from above amount. For 2023 it is estimated that 15% of your membership will be directed to lobbying/legislative advocacy expenses. All dues are good for calendar year.