

## 2026 MEMBERSHIP APPLICATION

Company						
Contact			Title	_ 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			\$725	Location Types (chec	k all that apply)  Bowling Centers	
☐ FEC, Bar Arcade, Pinball Arcade Operator ☐ FEC, Bar Arcade, Pinball Arcade Operator				☐ Street Locations	☐ Water Parks	
Product Types (check all that apply)				☐ Amusement Parks ☐ Family Entertainment Ctrs.	<ul><li>Lodging (Hotels/Motels)</li><li>Malls/Supermarkets</li></ul>	
☐ Jukeboxes ☐ Pinball Games ☐ Cigarette Vending ☐ Video Games ☐ Redemption	□ Kiddie Rides     □ Bulk Vending     □ Legalized Gaming     □ Food Vending/Confections     □ Soft Play Equipment	<ul> <li>□ Foosball Air Hockey</li> <li>□ Electronic Darts</li> <li>□ Pool/Billiards</li> <li>□ Virtual Reality Games</li> <li>□ ATMs</li> </ul>	☐ Security Systems ☐ Photo Booths ☐ Card Swipe Systems ☐ Micro Markets ☐ In-Venue Advertising	,	☐ Movie Theaters ☐ Trampoline Parks ☐ Other  sted in listing additional office locations A HQ will follow up for details.	
ASSOCIATE MEMBERSHIP Check Membership Type (*See Note Below)						
ASSOCIATE IV  ASSOCIATE IV  MEMBERSHIP  Equipment, Music  Distributor — \$575  2 complimentary badges for Expo		ASSOCIATE "B"  MEMBERSHIP  Equipment, Music, Consumable Products  Manufacturer — \$685  Supplier — \$575  2 complimentary badges for Expo		CLASSIFIED MEMBERSHIP  Recording Industry, i.e.,  Songwriters, Publishers — \$400  Assn. Executive — \$325  Consultant — \$400  Trade Press —\$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: \$						
Credit Card #			Exp Date _	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 2026, it is estimated that 15% of your membership will be directed to lobbying/legislative advocacy expenses. All dues are good for calendar year.



