



Pennsylvania Amusement and Music Machine Association Membership Application

Company: _____ Principal's Name: _____

Main Contact Name (if different than principal): _____

of Employees: _____
(2 part-time employees
= 1 full-time employee)

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Primary Phone: _____ Email: _____ Website: _____

Principal's Signature: _____

Company is: Sole Proprietor Partnership Corporation/LLC

Sole Proprietorship: Have you been convicted of a felony within the last 10 years? Yes No

Partnership: Has any partner been convicted of a felony within the last 10 years? Yes No

Corporation/LLC: Has any officer been convicted of a felony within the last 10 years? Yes No

Conviction: _____

Membership Categories

Regular (Operator) Membership – engaged in the business of owning/operating no less than ten (10) coin operated amusement devices and/or music machines in locations in which you do not have an ownership interest
 In State Out of State (no voting rights) **\$1,000**

Type of Locations (check all that apply)				
<input type="checkbox"/> Amusement Arcades	<input type="checkbox"/> Street Locations	<input type="checkbox"/> Amusement Parks	<input type="checkbox"/> Family Entertainment Centers	
<input type="checkbox"/> Bars/Restaurants	<input type="checkbox"/> Food Vending/Confections	<input type="checkbox"/> Miniature Golf Locations	<input type="checkbox"/> Bowling Centers	<input type="checkbox"/> Other: _____
Types of Products (check all that apply)				
<input type="checkbox"/> Jukeboxes	<input type="checkbox"/> Pinball Games	<input type="checkbox"/> Cigarette Vending	<input type="checkbox"/> Video Games	<input type="checkbox"/> Redemption
<input type="checkbox"/> Kiddie Rides	<input type="checkbox"/> Bulk Vending	<input type="checkbox"/> Payphones	<input type="checkbox"/> Legalized Gaming	<input type="checkbox"/> Soft Play Equipment
<input type="checkbox"/> ATMs	<input type="checkbox"/> Food	<input type="checkbox"/> Pool/Billiards	<input type="checkbox"/> Foosball Air Hockey	<input type="checkbox"/> Electronic Darts
<input type="checkbox"/> Virtual Reality Games	<input type="checkbox"/> Vending/Confections	<input type="checkbox"/> Security Systems	<input type="checkbox"/> Photo Booths	<input type="checkbox"/> Other: _____

3 Suppliers (references) within the amusement industry:
1. Company: _____ Items Supplied: _____
2. Company: _____ Items Supplied: _____
3. Company: _____ Items Supplied: _____

Associate Membership – engaged in manufacturing, distribution or maintenance of equipment or supplies provided to PA operators

In State Out of State (no voting rights)
 Distributor Membership – per sales office with a maximum of \$2,000 **\$2,000**
 Manufacturer Membership **\$2,000**
 Supplier Membership **\$1,000**

Affiliate Membership – any individual or business entity which supports PAMMA's mission (no voting rights) **\$500**

Payment

Check payable to PAMMA (U.S. funds only) Visa MasterCard Discover **Total Due: \$** _____

Card Number: _____ Expiration Date: ____/____/____ CVC#: _____

Name on Card: _____ Card Signature: _____

Billing Address (if different from contact): _____

If you have questions regarding membership, please contact membership@pamma.org.