



Pennsylvania Amusement and Music Machine Association Membership Application

Company: _____ Principal's Name: _____

Main Contact Name (if different than principal): _____

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: _____

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

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)

☐ Amusement Arcades ☐ Street Locations ☐ Amusement Parks ☐ Family Entertainment Centers
☐ Bars/Restaurants ☐ Food Vending/Confections ☐ Miniature Golf Locations ☐ Bowling Centers ☐ Other: _____

Types of Products (check all that apply)

☐ Jukeboxes ☐ Pinball Games ☐ Cigarette Vending ☐ Video Games ☐ Redemption
☐ Kiddie Rides ☐ Bulk Vending ☐ Payphones ☐ Legalized Gaming ☐ Soft Play Equipment
☐ ATMs ☐ Food ☐ Pool/Billiards ☐ Foosball Air Hockey ☐ Electronic Darts
☐ Virtual Reality Games ☐ Vending/Confections ☐ Security Systems ☐ Photo Booths ☐ 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 courtney@mielemfg.com.