

Wisconsin Amusement & Music Operators, Inc.

Membership Application

IMPORTANT: Before completing and signing this form, please read the Code of Ethics and Bylaws. All members must abide by the Code of Ethics and Bylaws.

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Operator members shall be only those persons, firms or corporations which engage in the business of operating coin-operated amusement, music, recreational and allied vending machines and who maintain ownership of and provide those machines on a revenue-sharing or lease basis to second-party businesses. An operator member shall operate no less than 50 coin-operated amusement, music, recreational and allied vending machines including a minimum 5 darts, 5 pool, 5 jukeboxes, 5 pinball, and 5 video machines in not less than seven different locations. An operator member shall not engage in the sale of machines or equipment, directly or indirectly, to any second party business.

Trade members shall be those persons, firms or corporations engaged in any related business or business endeavor having a relationship of a general nature with the business conducted by operator members.

ALL APPLICANTS The board of directors has the authority to interpret and define eligibility standards and may, in the reasonable exercise of that discretion, refuse membership to any applicant or revoke the membership of any member whose membership, although meeting the technical requirements of the Bylaws, would, if accepted, be prejudicial to the character and interest of the association or contrary to the Bylaws.

A check for dues and two recommendation letters from operator members in good standing should accompany this form. Application will be held until membership has been approved and notification of acceptance or denial will be sent to the applicant.

Indicate the appropriate membership category: _____

- | | |
|-----------------------|----------|
| 1. Over 1500 machines | \$ 1,500 |
| 2. 1001-1500 machines | 1,100 |
| 3. 501-1000 machines | 900 |
| 4. 301- 500 machines | 700 |
| 5. 50- 300 machines | 500 |
| 6. *Trade member | 600 |

*Manufacturer, distributor, arcade, supplier of parts/merchandise

Membership year July 1 through June 30

PLEASE PRINT:

Firm Name _____

Voting Representative _____
(one name only)

Address _____

Mail, if Different _____

City _____ State _____ Zip _____ - _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____

Email _____ Other _____

Name of representative's spouse, if applicable _____

Has applicant been a WAMO member in the past? ___ Yes ___ No

As a condition of membership in WAMO, I confirm that I have paid appropriate dues for the number of machines and do hereby accept and fully endorse the WAMO Bylaws and Code of Ethics and pledge that I will adhere to this Code and all that it implies for the betterment of the association and the coin-op amusement industry.

I understand that any disputes between WAMO members shall be referred to United States Arbitration & Mediation of Wisconsin for arbitration in accordance with their rules. The fee to USA&M shall be paid by the losing party. The arbitrator's decision shall be final and binding and judgment may be entered thereon. Arbitration shall be the exclusive method for resolving disputes between members.

If I refuse to participate in the arbitration process, I may face revocation or suspension of WAMO membership. In the event I fail to proceed with arbitration, unsuccessfully challenge the arbitrator's award or fail to comply with the arbitrator's award, the other party is entitled to cost of suit, including reasonable attorney's fees for having to compel, defend or enforce the award.

Must be signed to be valid
Retain copy for your file • Return with payment

_____ (Manager or Owner)

Date: _____ Enclosed \$ _____

WAMO, P.O.Box 250, Poynette, WI 53955-0250
800-827-8011 • 608-635-4316 • Fax 608-635-4327
www.WAMO.net • WAMOMax@aol.com

FOR OFFICE USE ONLY

Date Received _____ Check No. _____

Recommending Member Operators _____

Committee Recommendation _____ BOD approval _____

Date of Deposit _____ Welcome Letter Sent _____

Plaque Sent _____