

# Letter of Recommendation for New WAMO Membership

Note: Applications from operators, manufacturers, distributors, arcades and suppliers must be accompanied by two of these letters of recommendation from **Operator members in good standing for at least two years and who are personally acquainted with the applicant (this will be verified)**. All applications are subject to approval of the membership committee and the board of directors.

1. How long have you known the applicant? \_\_\_\_\_

2. Does the applicant meet all of the requirements to become a WAMO member?

(Operator members shall be only those persons, firms or corporations which engage in the business of operating pay-for-play 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 pay-for-play amusement, music, recreational and allied vending machines including a minimum 5 darts, 5 pool, 5 jukeboxes in not less than ten 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.)

\_\_\_\_\_

3. Have you ever engaged in any business with this applicant? \_\_\_\_\_

4. Do you believe this applicant will uphold the WAMO Code of Ethics and Bylaws?

\_\_\_\_\_

5. Please tell us why you believe this applicant would be an asset to the WAMO association? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_