



Pennsylvania Video Gaming Association Membership Application Form

Company Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

- I do not have a current felony conviction on my record.***
- I would like to opt out of receiving email notifications from PAVGA containing industry information.***

Membership Categories

Entities or persons which are gaming manufacturers, distributors, terminal operators, suppliers or others actively pursuing the enactment of the Amendment, or, subsequent to the enactment of the Amendment, are actively pursuing licensure or are currently licensed in the Commonwealth of Pennsylvania pursuant to the applicable Pennsylvania statute and written policies, rules and regulations promulgated thereunder, including but not limited to those promulgated by the PGCB and any pronouncements of the PGCB or other applicable regulatory agency (collectively, the "Pennsylvania Gaming Laws"), or any other entity or person as approved by the Board of Directors, shall be eligible for membership. I am applying for membership in the category below:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Terminal Operator | <input type="checkbox"/> Video Gaming Expansion Proponent |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Service Technician | |
| <input type="checkbox"/> Supplier | | |

Membership Categories & Dues

- | | |
|---|--------------|
| <input type="checkbox"/> Board Member: | \$ 20,000.00 |
| <input type="checkbox"/> VGT Manufacturer/Distributor: | \$ 15,000.00 |
| <input type="checkbox"/> Large Terminal Operator Member (50+ VGT locations in PA): | \$ 10,000.00 |
| <input type="checkbox"/> Small Terminal Operator Member (less than 50 VGT locations in PA): | \$ 1,200.00 |
| <input type="checkbox"/> Ancillary Supplier: | \$ 2,500.00 |
| <input type="checkbox"/> Video Gaming Expansion Proponent | \$ 2,500.00 |
| <input type="checkbox"/> I would like to support PAVGA with an additional contribution: | \$ _____ |
| Total: \$ _____ | |

****Board members are voted on by the entire membership and dues will be collected upon election. If you are interested in serving on the Board, please pay the member rate until such time as you are elected to serve on the Board.***

Payment Method

- Check (Please make payable to PAVGA) MasterCard Visa Discover AmEx
(A 3% processing fee will be charged for credit card payments)

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

Name on Card: _____ Signature: _____

Address (if different from contact): _____

City: _____ State: _____ Country: _____ Zip: _____

A portion of your payment is not deductible as a business expense due to lobbying activities. That amount will be shared with you during the fiscal year.

**Please mail or fax the completed application, with payment, to PAVGA:
2207 Forest Hills Drive, Harrisburg, PA 17112, 717-238-9985 (fax)**