



# California Entertainment Machine Association

## Membership Application 2024

**Are You A:** (Check one)  
 Corporation  Partnership  
 Sole Proprietor  L.L.C.

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

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Operator Membership Type and Dues: (Check *Primary* Business Category)


- Street Operator with 1-5 Employees.....\$ 99 per year
- Street Operator with 6+ Employees.....\$365 per year
- FEC/Arcade Operator with 1-5 Employees.....\$ 99 per year
- FEC/Arcade Operator with 6+ Employees.....\$365 per year

### Equipment Operated: (Check All That Apply)

- Video games
- Jukeboxes
- Redemption
- Cranes
- Pool tables
- Electronic darts
- Merchandisers
- Vending

### Non-Operator Membership Type and Dues: (Check One)

- Distributor.....\$800 per year
  - Manufacturer/Supplier.....\$800 per year
  - Equipment Tech/Repair.....\$350 per year
  - Other: (Please list\*) \_\_\_\_\_ \$250 per year
- (\*Examples: consultant, trade press, affiliated trade association, 3<sup>rd</sup> party program partner)

	<b>Payment Information</b>	(Check One):
Member Dues: _____	<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> VISA
Donation: _____		<input type="checkbox"/> MasterCard
Total: _____	Credit Card #: _____	
	Security Code#: _____	
	Expiration Date: _____	
	Signature: _____	
<p><i>Please make checks payable to: CEMA and send form, along with payment, to:</i>  CEMA, c/o Michael Martinez , 2500 E. Imperial Highway, Suite 149A-237, Brea, CA 92821  Phone: 714-455-1986 FAX: 714-649-5278 Email: CEMA.Information@gmail.com</p>		
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