

Membership Application

Name of Facility _____
(Corporate Name or DBA, if applicable)

Billing Contact/Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Web site _____ e-mail _____

Federal ID # _____ Fax Marketing Accepted Y/N _____ E-mail Marketing Accepted Y/N _____

General Manager _____

GM Phone _____ GM Fax _____

Address _____ City _____ State _____ Zip _____

(If different from above)

Additional Contacts:

Name/Title _____ Area of Responsibility _____

Phone _____ Fax _____ E-mail _____

Fax Marketing Accepted Y/N _____ E-mail Marketing Accepted Y/N _____

Name/Title _____ Area of Responsibility _____

Phone _____ Fax _____ E-mail _____

Fax Marketing Accepted Y/N _____ E-mail Marketing Accepted Y/N _____

Name/Title _____ Area of Responsibility _____

Phone _____ Fax _____ E-mail _____

Fax Marketing Accepted Y/N _____ E-mail Marketing Accepted Y/N _____

Name/Title _____ Area of Responsibility _____

Phone _____ Fax _____ E-mail _____

Fax Marketing Accepted Y/N _____ E-mail Marketing Accepted Y/N _____

By signing this application, Member hereby authorizes VGM Resorts and Gaming to offset any sums due Member, from VGM Resorts and Gaming, against any unpaid sums due VGM Resorts and Gaming.

Authorized Signature _____ Title _____

Main Contact _____ Title _____

(Will receive updates/mailings and handle distribution of the same)

Cellular Provider _____ Person Responsible for Cellular Service _____

Fax to: **1-800-711-7785**

Mail to: VGM Resorts and Gaming, P.O. Box 1707, Waterloo, IA 50704.

Visit our Web site at: www.vgmresortsandgaming.com.

Note: VGM Resorts and Gaming respects your right to privacy and will not release contact information without your approval.