

IAGR Membership Application
INDIVIDUAL MEMBERSHIP

Name _____

Firm/Agency Affiliation _____

Position/Title _____

Business Address _____

City State Country Zip Code

Home Address _____

City State Country Zip Code

Spouse's Name _____

Business Telephone (Country Code/City Code) () _____

Business Fax (Country Code/City Code) () _____

E-Mail Address _____

Home Telephone (Country Code/City Code) () _____

Prior Position _____

Education _____

Jurisdictions Admitted to Practice _____

Activities in the Field of Gaming _____

DUES:

(Please Check Appropriate Category)

Gaming Attorney \$300.00 Annually

Financial Specialist \$300.00 Annually

Government Attorney and/or Regulator \$50.00 Annually

Associate (Non-Attorney) \$360.00 Annually

Payment Options:

Check Enclosed: Amount \$ _____ Charge to: ___ Visa ___ Mastercard

Card # _____ Expiration Date: _____ Signature: _____

PLEASE RETURN COMPLETED APPLICATION AND ANNUAL DUES TO:

International Association of Gaming Advisors
Attn: Kerry Koenig, Executive Director
930 Village Center Circle, #3, Box 501
Las Vegas, Nevada 89134
702.355.4512 (phone)
702.543.6159 (fax)
email: iaga@cox.net
Web site: www.theiaga.org

TO UPDATE THE IAGR MEMBERSHIP LIST, PLEASE FAX A SECOND COPY OF THIS COMPLETED FORM TO:

New Jersey Division of Gaming Enforcement
(609) 633-7355