

VNEA Charter Holder Membership Application



VNEA Headquarters • 201 S. Henry Street • Bay City, MI 48706
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Company Name _____
Physical Address _____ P.O. Box _____
City _____ State/Province _____ Zip/Postal _____
Phone _____ e-Mail _____
Owner _____ League Representative _____

Equipment Owned & Operated

Please check (1) box below...

- Applicant Owns and Operates at least **4** Coin Pool Tables, **4** Coin Music Machines and **20** Other Coin-Operated Amusement Games
- Applicant Owns and Operates no less than **30** Pool Tables, **50%** of which are not in his/her principal place of business or places of which he/she has a proprietary interest.

Additional Requirements

Year Company was founded _____ (3 Year Business History Required)

We service at least **4 Locations** at addresses other than our principal place of business: Yes or No (please circle one)

- Attached **Letter of Recommendation** from an Operator operating in the Applicant's State/Province.
(Letter of Recommendation **MUST** be attached before application process can begin)

Authorized Signature

I affirm that the information contained in this Application is true and correct. I also acknowledge and agree as a condition of membership to be bound by the **VNEA Pledge** and **Code of Ethics**.

Owners Signature _____

Date _____

VNEA Fee Schedule

1st Year Initiation Fee	\$20
Start-Up Material	\$80
<small>Scoresheets, Collection Envelopes, Schedules, Posters, Rulebooks, etc.</small>	
Annual Fee	\$500
Total 1st Year Fee (US\$)	\$600

Method Of Payment

- Check (Payable to VNEA) Credit Card

Credit Card Information *

- VISA Master Card Discover AMEX

Credit Card # _____

Credit Card Zip Code _____

CVV# _____ Expiration Date _____

Name On Card _____

Signature _____

** A 3% convenience fee is added to all credit card usage, which is not greater than our cost of acceptance.*

Please Note: All approved, new applicants will receive a Provisional Membership for up to two years from the approval date. Such Charter will be issued for the State or Province for which it is requested. **No Charter may be used outside the geographical border.** If a Charter Holder wishes to operate in a second or adjacent State or Province, additional application fees must be submitted.

Sample Recommendation Letter

To: Valley National 8-Ball League Association
Attn: Membership Committee Chairperson

Dear Sir:

The applicant for Charter, _____, Owners Name
_____, Name of Company, is known to me. To the best of my knowledge he/she is an Operator of good character and conducts his/her coin business in a creditable, fair and honest manner. His/her business policies and procedures are in the interest of the industry.

I recommend him/her for membership in (our/your) Association.

Name of Company _____

Company Representative _____

Please Print

Signature _____

Telephone () _____

City _____

State/Province _____

Date _____