



Game Manufacturers Association
240 N. Fifth Street, Suite 340
Columbus, Ohio 43215
www.gama.org
614 255 4500 / fax 614 255 4499

Retailer Membership Form

Membership is based on a calendar year (Jan1 to Dec 31). Dues renewals are due by Jan 2 of each year. Return this form with payment to GAMA via fax, mail service or email. Email to award@gama.org

To qualify for a Retailer Membership requires a company to be engaged in retail sales of gaming products. There are two versions of membership.

1. **Introductory Membership.** The business is in the process of opening a hobby game retail business. Introductory memberships are limited to twelve months total. This level of membership is intended to help a prospective hobby retail business to begin successfully. Introductory members do not have the right to vote and only have such rights and benefits as designated by the Board of Directors.
2. **Voting Membership.** The business is engaged in retailing: the sale of hobby games to end consumers. Retail sales must be conducted on an ongoing basis. The business must operate in a legitimate fashion at a legitimate business site. The business must earn the majority of its income from retailing and considers its self first and foremost a retail business to hold voting status.

All new Retail Members must be approved by the New Membership Committee.

Company_____

Contact Name_____

Address_____

City, State/Province_____

Postal Code_____Country_____

Email_____

Web site_____

Phone_____Fax_____

Voting Representative_____

Voting Representative Email_____

Form of Ownership

_____Corporation _____Partnership

_____Sole Proprietorship _____LLC

Years in Business_____

Annual Dues for a Retail Membership is \$125.

GAMA's preferred method of payment is by company check. You may fax or email your membership form in and mail your check to GAMA. Please mark on your form the check number and make the check out to GAMA.

Credit Card/Check #_____

Visa_____MasterCard_____

Expiration Date_____Sec Code_____

Signature_____

Printed Name_____

Date_____

Process Date_____Initials_____

Approval Date_____