

JURISDICTIONAL MEMBERSHIP APPLICATION FORM

Jurisdiction/Agency: _____

Address: _____
City State Country Zip Code

Telephone: _____
Include Country Code & City Code

Email Address: _____

DUES (Please check appropriate category): Please note that the first applicant of a new jurisdiction must join at the Jurisdictional level, which includes five Ordinary memberships; any additional members may then apply directly as Ordinary members.

Jurisdictional membership US\$800 annually
Includes five Ordinary Members whereof one is entitled to exercise jurisdictional vote

Ordinary membership: US\$100 annually
Additional Ordinary Members

Ordinary member 1 (jurisdictional vote): _____
First name, surname, title, email

Ordinary member 2: _____
First name, surname, title, email

Ordinary member 3: _____
First name, surname, title, email

Ordinary member 4: _____
First name, surname, title, email

Ordinary member 5: _____
First name, surname, title, email



ADDITIONAL ORDINARY MEMBERSHIPS

Each additional member above the first 5 members pay annual dues of USD \$ 100 per each additional person.

Ordinary member 6: _____
First name, surname, title, email

Ordinary member 7: _____
First name, surname, title, email

Ordinary member 8: _____
First name, surname, title, email

Ordinary member 9: _____
First name, surname, title, email

Ordinary member 10: _____
First name, surname, title, email

Ordinary member 11: _____
First name, surname, title, email

Ordinary member 12: _____
First name, surname, title, email



KNOWLEDGE SHARING GROUPS

Please tick the box besides the knowledge sharing group(s) you wish to join and write the name(s) of participants on the lines.

Join the following knowledge sharing groups:

e-Gambling: _____

Land based gambling: _____

Match-fixing: _____

Responsible gambling: _____

Money laundering: _____





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PAYMENT DETAILS

Jurisdictional membership: USD: \$ 800

Number of Additional Ordinary members over the 5 included in Jurisdictional membership \$ 100 each: USD: \$ _____

Total payment in USD: USD: \$ _____

Payment by Bank Wire

Please complete this application form and email or fax to Mariah Echele, IAGR Secretariat to request an invoice with bank wire instructions. Contact details are located below.

Payment by Credit Card Charge To: VISA Mastercard AMEX

Name on Card: _____

Billing Address of Card: _____

Card #: _____ Security Code on Card: _____

Expiration Date: _____ Signature: _____

Payment by Check

Check Enclosed: Amount \$ _____

Please note: Please add USD\$30 bank fee for processing Non US dollar checks

PLEASE RETURN COMPLETED APPLICATION AND ANNUAL DUES TO:

International Association of Gaming Regulators
c/o Mariah Echele, Secretariat
PO Box 1365
St. Charles, MO 63302-1365
USA

Fax: +001 (636) 277-6665
Email: iagr@iagr.org

International Association of Gaming Regulators, Inc., 7881 W. Charleston Blvd., Ste 155, Las Vegas, NV 89117



www.iagr.org