

Application for Associate Membership or Renewal



Name of Business or Casino: _____
Tribal Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Person: _____
Phone #: _____ Fax #: _____
Email Address: _____
Tribal Website: _____
Casino Website: _____
Business Website: _____

Non-voting Associate and Affiliate members of the Association may be admitted or their membership renewed by submitting payment of **\$500.00** on or before October 1st of each year. Associate members shall be any organization that is concerned with the conduct of Indian Gaming Country and whose annual dues shall be **\$500.00**.

Enclosed please find \$_____ on behalf of _____ (Tribe, Business, Organization Name) as Associate Membership dues for fiscal year 2012-2013.

This payment is for a NEW membership. This payment is for a membership RENEWAL.

Please make checks payable to: Oklahoma Indian Gaming Association

Remit to: Oklahoma Indian Gaming Association
Attn: Janie Dillard, Secretary/Treasurer
PO Box 1909, Durant, OK 74702

Please Check One: VISA MASTERCARD Check Enclosed

If paying by credit card, fax this form to: 580-920-0760

Credit Card Number: _____ Name on Card: _____

Expiration Date: _____ CCV: _____ Authorized Signature: _____

Billing Address for Card: _____

**Any questions please contact Sheila Morago
405-818-7462 | Sheila.morago@oiga.org**