



Nebraska Operators & Manufacturers Association (NOMA)
MEMBERSHIP APPLICATION

Mail with payment to: NOMA, 1607 South Locust Street, Suite A, Grand Island, NE 68802

1) Organization Information

Legal Entity Name: _____

DBA (if any): _____

Primary Contact Name: _____

Title: _____

Email: _____

Phone: _____

Billing Address: _____

City: _____

State: _____

ZIP: _____

Nebraska DOR License/ID (if applicable): _____

Website: _____

2) Membership Type

- Operator (owns/operates Skill Game machines in Nebraska)
- Vendor/Manufacturer (manufacturer, distributor, supplier)

3) Dues Calculation

Operator Members (per machine, annually):

Tier	Rate	Your Count / Subtotal
1-99 machines	\$15 per machine	#___ machines x \$15 \$___
100+ machines	\$10 per machine	#___ machines x \$10 \$___

Vendor/Manufacturer Members (flat annual fee): \$10,000



Total Annual Dues: \$_____

Preferred Billing Frequency: Annual Semi-Annual

Note: Machine counts may be cross-checked against Nebraska Department of Revenue records for accuracy.

4) Payment Method

- ACH (invoice will include routing instructions)
- Check (payable to “Nebraska Operators & Manufacturers Association”)
- Credit Card (secure payment link will be sent)

5) Acknowledgments & Agreements

By signing, the applicant certifies that:

- Information provided is true and correct to the best of their knowledge.
- Applicant agrees to abide by NOMA Bylaws, policies, and code of conduct, as amended from time to time.
- Regular Members (operators) may have voting rights as defined in the Bylaws; Associate Members (vendors/manufacturers) may be non-voting.
- Dues are non-refundable and may be prorated at the Board’s discretion for partial years.

Authorized Signatory: _____ Date: _____

Printed Name & Title: _____

For NOMA Use Only:

Application Received: _____ Approved: _____ Member ID: _____

Initial Invoice #: _____ Amount: \$_____ Billing Frequency: _____