



SOCIETY FOR AMERICAN ARCHAEOLOGY

**COUNCIL OF AFFILIATED SOCIETIES (CoAS)
APPLICATION FOR AFFILIATION***

The SAA Council of Affiliated Societies' mission is to benefit all societies in this field and advance the practice of archaeology.

Contact Information:

Name of Society

Principal Contact/Title (contact will receive SAA mailings)

Address

City State/Province Zip/Postal Code Country

Phone Fax Email

Society Web Address

Scope of Society: Regional Provincial State Local

Legal Status:

Does your society have legal recognition as a not-for-profit organization? Yes No

If yes, under what political entity? _____

Membership:

How many members does your Society have? _____

Attachment:

Articles of Incorporation and Bylaws

Signature of Principal Contact:

Our society's objectives and bylaws are believed to be in agreement with those of the Society for American Archaeology and we hereby make application for affiliation.

Signature Printed Name/Title Date

(Continued on Back)

* Annual Membership Dues are \$35.00 which should be paid upon approval of this application

Additional Contacts and Addresses:

Official Representative

Invited to attend annual CoAS meeting, or invited to appoint an official representative(s) to attend annual CoAS meeting. Receives renewal invoice and all publications unless otherwise requested by Affiliated Society.

Name of Society

Principal Contact/Title (contact will receive SAA mailings)

Address

City

State/Province

Zip/Postal Code

Country

Phone

Fax

Email

Newsletter Editor

Receives SAA Press Releases.

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