SOCIETY FOR AMERICAN ARCHAEOLOGY
COUNCIL OF ALLIED SOCIETIES (CoAS)
APPLICATION FOR ALLIED STATUS*

The SAA Council of Allied 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 did your society have at the end of 2011? ________________

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

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