



**COUNCIL OF ALLIED SOCIETIES
APPLICATION FOR ALLIED STATUS**



SOCIETY FOR AMERICAN ARCHAEOLOGY

The SAA Council of Allied Societies' mission is to mutually benefit all avocational and professional archaeologists; for the advancement of archaeology; and to further the objectives of the Society of American Archaeology.

Name of Society: _____

Principal Contact/Title: _____

Mailing Address: _____
(Address for receiving SAA publications)

Telephone: _____ Email: _____ Fax: _____
(For receiving communications from SAA)

Society Secretary Contact info: _____
(If different from Principal Contact - Name, telephone, email)

Society Website/Facebook Page: _____

Society is (check one): Local Regional State/Provincial

Total Society membership at the end of previous calendar year _____

Purpose and/or Mission Statement of your Society: _____

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

If yes, please select one: 501(c)3 501(c)4 Other (please explain): _____

Signature of Principal Contact:

I certify I have reviewed with our membership SAA objectives and bylaws (<https://www.saa.org/quick-nav/about-saa/mission-goals>; <https://www.saa.org/quick-nav/about-saa/society-bylaws>.) I certify that our Society's objectives and bylaws are in agreement with those of the Society of American Archaeology.

(Signature)

(Printed Name and Title)

(Date)

Please include your check for \$35.00 with application (Annual Membership dues; membership duration calendar year January 1 - December 31). To pay annual dues by credit/debit card, please contact Carla Fernandez-French at carla.fernandez@saa.org.