



**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 for 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 for 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 at carla_fernandez@saa.org, +1 (202) 559-5881 (direct line)