

NORTH TEXAS ARCHEOLOGICAL MEMBERSHIP APPLICATION FORM

Name(s) _____

Address _____

City\State\Zip _____

Preferred Phone _____

Email Address _____

I want my newsletter delivered by ____ email or ____ by USPS mail.

Thank you for choosing delivery by email.

Type of Membership and Fee

New ____ Renewal ____

____ Individual \$20 _____ \$10 USPS Mail Fee

____ Family \$25 _____ \$10 USPS Mail Fee

____ Student \$10 (**enrolled in grade school through college/university whose coursework is considered to be half time or more**)

____ Contributing \$30 _____ \$10 USPS Mail Fee

____ Optional Memorial Fund Contribution

Membership Term: January to December

Code of Ethics (signature required): I PLEDGE THAT I WILL NOT INTENTIONALLY VIOLATE THE TERMS AND CONDITIONS OF ANY FEDERAL, STATE, OR LOCAL ANTIQUITIES STATUTES CONCERNING CULTURAL RESOURCES OR ENGAGE IN THE PRACTICES OF BUYING OR SELLING ARTIFACTS FOR COMMERCIAL PURPOSES OR ENGAGE IN THE WILLFUL DESTRUCTION OR DISTORTION OF ARCHEOLOGICAL DATA OR DISREGARD PROPER ARCHEOLOGICAL FIELD TECHNIQUES. I UNDERSTAND THAT FAILURE TO FOLLOW THESE GUIDELINES WILL PROVIDE GROUNDS FOR EXPULSION FROM THE SOCIETY.

Signature _____

Date _____