

OHIO ARCHAEOLOGICAL COUNCIL
P.O. BOX 82012
COLUMBUS, OHIO 43202-0812

MEMBERSHIP APPLICATION

Name _____ Date _____
Institutional/Organizational Affiliation (if applicable) _____
Address _____ Day phone () _____
_____ Eve phone () _____

Email Address _____

I. Membership Category (see descriptions on reverse):
 Active Associate Institutional Organizational Supporting Affiliate Student

II. List documentation submitted with this application. *Applicants for **Active Membership** must supply at least one copy of their work.*

- 1.
- 2.
- 3.

III. Attach Curriculum Vitae

IV. Endorsement by Active Member of the Ohio Archaeological Council

Signature _____ Date _____

V. The applicant hereby certifies that he/she has read and agrees with the Articles of Incorporation, the Code of Regulations, and the Code of Ethics of the Ohio Archaeological Council.

Signature _____ Date _____

Recommended action by the Membership Committee:

Approved Disapproved Date _____