



Annual Membership Form

NAME: _____

ADDRESS: _____

CITY/POSTAL CODE: _____

PHONE: _____ DATE: _____

E-MAIL: _____

Yes, I consent to receiving communications by email.

Yes, add my email to the E-Voice monthly bulletin.

PRINT Quarterly Member Categories:

- Student - \$25
- Individual - \$40
- Institution - \$50
- Life-Couple - \$500
- Digital (PDF) Quarterly - SAVE \$5 off membership!**
- Senior - \$35
- Family - \$50
- Life-Individual - \$400
- US Members-add \$20**

I wish to donate to:

- Zenon Pohorecky Memorial Bursary Fund \$ _____
- Research and Programs Fund \$ _____
- General Fund \$ _____
- Keith Lewis Memorial Student Paper Award \$ _____

TOTAL PAYMENT: \$ _____

- Cash Cheque  

Card #: _____ CVV: _____

Expiry Date: _____ Signature: _____

Annual membership term is January to December.
 New members are accepted any time.
 Renewals due December 31.

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