Preserve – Study – Educate
Join! THE SOCIETY FOR GEORGIA ARCHAEOLOGY
And Get Into Georgia’s Past!
http://thesga.org

As an SGA member, you’ll receive:
· *The Profile*, a quarterly e-newsletter that keeps you up-to-date on archaeology in Georgia
· *Early Georgia*, a research journal published twice a year containing articles about Georgia archaeology and excavations
· Invitations to participate in SGA’s annual Spring & Fall meetings held at various locations across Georgia, offering archaeological tours, keynote speakers & banquets, Native American technology demonstrations, historic craft demonstrations, lectures & workshops
· Information concerning SGA’s annual Archaeology Month, including activities across the state, posters, and educational packets
· Opportunities to participate in local activities with one of the many SGA chapters throughout the state.

The Society for Georgia Archaeology is an equal opportunity organization. The Society for Georgia Archaeology does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation in its programs and activities.

Membership Application
Fill out the form below, and send with your check made payable to “Society for Georgia Archaeology” or credit card information to SGA Treasurer, P.O. Box 693, Athens, GA 30603. Membership runs January to December.

Membership Levels/Dues: Circle: New Member Renewal Dues Year: _____________

☐ Individual $25.00 ☐ Family $30.00 ☐ Student $15.00 ☐ Institution $75.00

☐ Chapter Member? (Subtract $5 from dues category) Chapter Name:________________________________________

Member Information:
Please print Member Name: ________________________________________________________________
Address: ____________________________________________________________
City: ____________________________________ State: ________ Zip Code: ________________________
Telephone: (___)__________________ Email: ____________________________________________

As a condition of membership in SGA, I agree to abide by the By-Laws and Constitution of SGA, and to uphold the Antiquity laws of Georgia and the U.S. _________________________________ Signature______________ Date

Payment: ☐ Cash ☐ Check ☐ Credit Card
CREDIT CARD PAYMENT: Name on card: __________________________________________________________
Expiration Date: Month: ____________ Year: ____________
Card/Acct. No.________________________________________ Card Code ____________ (3 digit code from back of card)
Signature: ____________________________________________ (credit card payments only)