



# **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: \_\_\_\_\_

Please check:     Visa     MC    Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Card/Acct. No. \_\_\_\_\_ Card Code \_\_\_\_\_ (3 digit code from back of card)

Signature: \_\_\_\_\_ (credit card payments only)