

 <div style="text-align: center;"> <p>Ontario Archaeological Society PO Box 62066 Victoria Terrace Post Office, Toronto, Ontario, M4A 2W1 Phone: (416) 406-5959</p> </div> 

New Membership **Membership Renewal** **Membership Year**

Name: _____ **Address:** _____
City & Prov: _____ **Postal Code:** _____
Phone (Day): _____ **Phone (home):** _____
Fax: _____ **Email:** _____

I am applying for/renewing my membership as indicated and I agree to abide by the Society's Constitution:

Membership Type	Individual	Student	Family	Amount
OAS Membership	\$34.00	\$23.00	\$38.00	\$
OAS Membership with OA	\$46.00	\$32.00	\$50.00	\$
Lifetime Membership	\$750.00			\$
Institutional Membership (\$60.00)				\$

Please renew my Chapter membership as indicated:

Chapter Type	Individual	Student	Family	Amount
Chapter, Membership, Hamilton	\$11.00	\$11.00	\$28.00	\$
Chapter, Membership, London	\$18.00	\$15.00	\$18.00	\$
Chapter, Membership, Ottawa	\$20.00	\$12.00	\$25.00	\$
Chapter, Membership, Thunder Bay	\$5.00	\$5.00	\$5.00	\$
Chapter, Membership, Toronto	\$12.00	\$12.00	\$14.00	\$
Chapter, Membership, Windsor	\$15.00	\$5.00	\$20.00	\$
Chapter, Membership, Huronia	\$15.00	\$0.00	\$18.00	\$

Please accept my donation for:

Donation Type	Amount
Donation: Awards Fund	\$
Donation: Future Fund	\$
Donation: OA Publication Fund	\$
Donation: Peggi Armstrong Fund	\$

Date _____

Signed _____ **Total \$** _____

- I wish to receive Arch Notes electronically
 I wish to receive official communications from the OAS by email

Personal information is used only for the purpose of OAS business and will not be divulged without permission.
 See the OAS Website for the Privacy Policy
 (Enclose cheque, money order or credit card details. Students should enclose a copy of student identification.
 Receipts for Membership and/or Donations will be forwarded to you.)

Thank you for your continuing support of the O.A.S.