



The Ontario Archaeological Society



P.O. Box 62066
Victoria Terrace Post Office
Toronto, ON, M4A 2W1
Phone: (416) 406-5959

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:

Please renew my Membership as indicated:

Membership Type	Individual	Student	Family	Institutional	Amount
OAS Membership	\$45.00	\$25.00	\$52.00	\$75.00	\$
OAS Membership with OA	\$57.00	\$34.00	\$64.00		\$
Lifetime Membership	\$800.00				\$
ArchNotes mailed hard copy	\$20.00	\$20.00	\$20.00	\$20.00	\$

Please renew my Chapter Membership as indicated:

Chapter	Individual	Student	Family		Amount
Grand River	\$20.00	\$15.00			\$
Hamilton	\$11.00		\$18.00		\$
Huronian	\$15.00	\$10.00	\$18.00		\$
London (Institution KEWA \$21)	\$18.00	\$15.00	\$18.00		\$
Ottawa	\$20.00	\$12.00	\$25.00		\$
Peterborough	\$12.00	\$8.00	\$15.00		\$
Thunder Bay	\$5.00	\$5.00	\$5.00		\$
Toronto	\$12.00		\$14.00		\$
Windsor	\$15.00	\$5.00	\$20.00		\$

Please accept my Donation for:

Donation Type					Amount
Awards Fund					\$
Future Fund					\$
OA Publication Fund					\$
Peggi Armstrong Fund					\$
Valerie Sonstenes Student Research Fund					\$

Date _____ **Signed** _____ **Total \$** _____

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.