

Saskatchewan Association of Professional Archaeologists (SAPA)

c/o Saskatchewan Archaeological Society

#1-1730 Quebec Avenue

Saskatoon, SK S7K 1V9

www.sapaarchaeology.ca

sapaexec@gmail.com

As a chapter of the Saskatchewan Archaeological Society, the Saskatchewan Association of Professional Archaeologists (SAPA) works to advance the development of the archaeological profession within the province. We do this by ensuring that our members act in a responsible and ethical manner towards heritage resources and the public. Additionally, SAPA works to maintain and encourage cooperation between our profession and the avocational community.

SAPA memberships run from April 1st to March 31st of every year, with renewals due at the beginning of the membership year. If you know anyone who wishes to become a member, please contact the SAPA executive, who will be pleased to send out a membership form. Thank you!

MEMBERSHIP CATEGORIES: Regular Members (dues: \$50.00) of SAPA must:

- 1) have an undergraduate or graduate degree in archaeology;
- 2) be fully or partially employed in archaeology;
- 3) be sponsored by a Regular Member of the Association;
- 4) be in sympathy with SAPA's goals;
- 5) agree to abide by the Code of Ethics.

Each Regular Member has one vote which may be submitted in writing.

Associate Members (dues: \$25.00) of SAPA must:

- 1) have an undergraduate degree in archaeology/anthropology or equivalency as determined by the executive;
- 2) be in sympathy with SAPA's goals;
- 3) agree to abide by the Code of Ethics.

Associate members may not vote or hold office.

NEW: Student Members (dues: \$15.00) of SAPA

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To renew or apply for SAPA membership, please detach this page and submit to the mailing address above. Please enclose a cheque for your membership fees made out to the Saskatchewan Association of Professional Archaeologists.

Membership Category: Regular ____ Associate ____ Student ____

Name: _____

Home Address: _____

Business Address: _____

Preferred mailing address: Business ____ Home ____

Phone: Business _____

Home _____

Cell _____

Email address: _____

Alternate email address (optional): _____

I agree to abide by the Constitution of SAPA.

Signature: _____ Date: _____

Sponsoring member's signature*: _____ Date: _____

*(*required only for those applying for regular memberships; not required for associate membership applications or regular membership renewals.)*

Payment for membership fees enclosed: