2019 SCA Membership Application/Renewal Form

Apply or Renew Online at scahome.org

Personal Information

Name: Last:		First:			Middle:		
Address:							
City:		State: Zip code:					
Phone:	mail:						
Professional Information and B	usiness Address						
Workplace or Institution:	Title:						
Address1:			l				
Address2:							
		State:		Zin oo	Zip code:		
City: Phone:							
Email Address:							
Education:							
		New □ Re	newal 🗆				
	Mem	bership Cate	egory (Circ	cle One)			
Regular	Regular Stude		ent* Seni			Contributing	
\$ 85	\$ 30	0	\$ 45			\$ 110	
*Student's: School:	*Advisor:		*Advisor		lvisor Email	or Email:	
* - Students pleas	•	name and em			ent status	s confirmation and	
	Optio	nal Contribu	ıtion Cate	gories			
Native American Programs		off Memorial Award		SCA Endowment Fund		nt Fund	
Site Stewardship Committee				Student Annua Support F			
	Total Amo	unt Enclose	d \$				
		Please Re	turn To:				
Society for Ca	olifornia Archae office@s	ology, 1692 scahome.org		e Ave. #1 -342-3537	53, Chi	ico, CA 95926	