



TARRANT COUNTY ARCHEOLOGICAL SOCIETY

MEMBERSHIP APPLICATION FORM

Name(s) \_\_\_\_\_

**Type of Membership and Fee**

\_\_\_\_\_

New \_\_\_\_\_ Renewal \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Individual \$20 \_\_\_\_\_ \$10 USPS Mail Fee

City\State\Zip \_\_\_\_\_

\_\_\_\_\_ Family \$25 \_\_\_\_\_ \$10 USPS Mail Fee

Preferred Phone \_\_\_\_\_

\_\_\_\_\_ Student \$10 (**enrolled in grade school through college/university whose coursework is considered to be half time or more**)

Email Address \_\_\_\_\_

I want my newsletter delivered by \_\_\_\_\_ email or \_\_\_\_\_

\_\_\_\_\_ Contributing \$30 \_\_\_\_\_ \$10 USPS Mail Fee

by USPS mail.

\_\_\_\_\_ Optional Memorial Fund Contribution

Membership Term: January to December

**MEMBERSHIP IS COMPLETE WHEN MEMBERSHIP FORM AND DUES ARE RECEIVED**

**Code of Ethics (signature required):** I PLEDGE THAT I WILL NOT INTENTIONALLY VIOLATE THE TERMS AND CONDITIONS OF ANY FEDERAL, STATE, OR LOCAL ANTIQUITIES STATUTES CONCERNING CULTURAL RESOURCES OR ENGAGE IN THE PRACTICES OF BUYING OR SELLING ARTIFACTS FOR COMMERCIAL PURPOSES OR ENGAGE IN THE WILLFUL DESTRUCTION OR DISTORTION OF ARCHEOLOGICAL DATA OR DISREGARD PROPER ARCHEOLOGICAL FIELD TECHNIQUES. I UNDERSTAND THAT FAILURE TO FOLLOW THESE GUIDELINES WILL PROVIDE GROUNDS FOR EXPULSION FROM THE SOCIETY.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Tarrant County Archeological Society  
PO Box 24679  
Fort Worth, TX 76124

