



ASV MEMBERSHIP FORM FOR 2026

The objectives of the Archeological Society of Virginia are to study Virginia archaeology, to locate and conserve archaeological sites, to encourage the use of scientific methods, to develop better techniques, and to share archaeological knowledge. All applicants are requested to promote the ASV's objectives, and by signing this form, acknowledge your support of the ASV's Code of Ethics <https://virginiaarcheology.org/purpose-bylaws-ethics/>

You may join/renew on-line at <https://www.virginiaarcheology.org/join-asv/>, or you may mail your membership by completing this form and sending your payment to the address at the bottom of this form. Make checks payable to "ASV." Memberships are valid for the entire calendar year from Jan. 1st to Dec. 31st. Renewals are expected by January 31st. Prompt remittance ensures that members continue to receive the *Quarterly Bulletin* and *ASV Newsletter*. Only digital back-issues of these items will be sent after their publication. Other benefits include notification of Society-supervised archeological activities and invitations to events at ASV headquarters at Kittiewan in Charles City County.

New Member _____ Renewal for 2026 _____

Applicant Signature _____ Date of Application: _____

Name (print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail Address (required for each member on form): _____

Chapter Preference: _____

(see <https://www.virginiaarcheology.org/directors-chapter-chairs/>)

Send me the digital/color ASV Newsletter

YES _____ NO _____

Send me the digital/color ASV Quarterly Bulletin

YES _____ NO _____

Membership Categories

Active [Regular Membership] \$35.00

Senior (65 and older) \$25.00

Full-Time Student /Junior \$15.00

Life \$450.00

Institutional (US) \$30.00

International Institutional..... \$45.00

Sustaining (Active Membership plus donation)..... \$65.00

Each additional family member(s) (give names)_____ \$3.00

TOTAL DUES PAID..... \$ _____

CONTRIBUTION (optional) ... \$ _____

TOTAL REMITTANCE..... \$ _____

CHECK # _____

Mail membership dues to:

Patrick O'Neill

9902 Rand Dr

Burke, VA 22015