**NEW MEXICO ARCHEOLOGICAL COUNCIL MEMBERSHIP FORM** (rev/18)

 **Membership\* [ ]** \_\_\_\_\_\_\_\_(year) **Renewal or [ ] New Member Beginning \_\_\_\_\_\_\_\_**(year)

**$\_\_\_\_\_\_\_\_\_\_\_** enclosed for membership dues ($10 student [include copy of student ID]); $25 individual; $35 family)

$\_\_\_\_\_\_\_\_\_\_\_ enclosed to extend membership for an additional \_\_\_\_\_\_\_\_ years (same annual rates as above)

$\_\_\_\_\_\_\_\_\_\_\_ enclosed as a contribution to the **NMAC Research Grant Fund**

$\_\_\_\_\_\_\_\_\_\_\_ enclosed as a contribution to the **NMAC Scholarship Fund**

 **\****Membership is for the calendar year, January through December*

**$\_\_\_\_\_\_\_\_\_\_\_ Total Enclosed** send form and CHECK to: **NMAC Dues**

 **PO Box 25691**

 **Albuquerque, NM 87125**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT INFORMATION (Please Print)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(please CLEARLY PRINT email address)

 Phone: (w) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; [ ] Don’t List in Directory

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[ ] Yes, use the above email address, OR use this email address instead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (please CLEARLY PRINT)

[ ] No