



Application for  
Institutional Membership

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Institution Office or Unit to Receive Dues Billing:  
\_\_\_\_\_

Institution Official in Charge:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Institution's Representative to ASOR:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Being cognizant of the work of the American Schools of Oriental Research in support of archaeological and historical studies in the Middle East and Eastern Mediterranean regions throughout the past century; and with acceptance and understanding of its purposes as described in its Mission Statement, a copy of which is here attached; I herewith apply on behalf of

\_\_\_\_\_ to become an Institutional Member of ASOR. I understand that, upon payment of prescribed annual dues, our institutional representative will have privilege of vote in the annual Membership Meeting. In addition, I understand that our institution will receive regular issues of ASOR published journals and of its Newsletter, and that our institution's faculty and students will be eligible to apply for fellowships and other grant awards administered by ASOR, and to participate in other ASOR sponsored projects and activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_)

Return to ASOR, 656 Beacon St., 5th floor, Boston, MA 02215.