ASOR INSTITUTIONAL MEMBERSHIP APPLICATION

	Name of Institution:				
	Name of Institutional Representative:				
	Institutional Represe	Institutional Representative email address:			
	Billing Address (inv	roices sent here):			
	City	State	Zip	Country	
				Country	
	Institu	utional Membersh	in Privilege	S	
Facul	ty, students, and staff of ye		•		
 Discout Eligibit ASOR Access Amma Recogn Meetin Focus Quarte 	Annual Meeting, and Platt a	stration for students as whips, grants, and so and Heritage Fellowsh scholarships offered by such as BASOR, NE wents, programs, and to ouncement (upon required)	ffiliated with your cholarships, inchips, which supply our affiliate of A, News@ASO	Pluding travel grants to attend the port field research overseas research centers in OR, and the ASOR Annual ber institutions	
historical stud	ies in the Middle East and E	astern Mediterranean	regions throug	support of archaeological and hout the past century; and with ment, which can be found on our	
\$1000, our insunderstand that institution's fa	titutional representative wil at our institution will receive	I have privilege of vot regular issues of ASC ligible to apply for fel	te in the annual DR's published lowships and o	of prescribed annual dues of Member Meeting. In addition, I journals, and that our ther grant awards administered by	
	Signed:			<u></u>	
Print Name			Date		