



ASOR Institutional Membership Application

Name of Institution: _____

Name of Institutional Representative: _____

Institutional Representative email address: _____

Billing Address (invoices sent here): _____

City _____ State _____ Zip _____ Country _____

Shipping Address (publications sent here): _____

City _____ State _____ Zip _____ Country _____

Institutional Membership Privileges

Faculty, students, and staff of your member institution will receive the following benefits:

- Voice and vote in member-wide elections (through your institutional representative)
- Print delivery of all ASOR publications for your library (*Near Eastern Archaeology* (NEA), *Bulletin of ASOR* (BASOR), and the *Journal of Cuneiform Studies* (JCS))
- Discount of 33% on ASOR books purchased by your library
- Discounts on Annual Meeting registration for all students affiliated with your institution and eligibility to present papers at the Annual Meeting for Graduate students
- Ability for students who attend institutional member schools to register for the Annual Meeting without an individual ASOR membership
- Eligibility to apply for ASOR fellowships, grants, and scholarships, including travel grants to attend the ASOR Annual Meeting
- Access to fellowships, grants, and scholarships offered by our affiliate overseas research centers
- Recognition in ASOR publications such as *BASOR* and on the ASOR website
- Ability to advertise job postings at your institutions in *News@ASOR* (limit of one per year)
- \$250 credit toward advertising in *NEA* or *BASOR* (subject to availability, no cash value)

Being cognizant of the work of the American Society of Overseas Research in support of archaeological and historical studies in the Middle East and Eastern Mediterranean regions



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throughout the past century; and with acceptance and understanding of its purposes as described in its Mission Statement, which can be found on our website: I hereby apply on behalf of:

to become an Institutional Member of ASOR. I understand that, upon payment of prescribed annual dues of \$1000, our institutional representative will have privilege of vote in the annual Member Meeting. In addition, I understand that our institution will receive regular issues of ASOR's published journals, 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: _____

Print Name _____ Date _____

Complete this order form and return it with your payment to ASOR, 209 Commerce Street, Alexandria, VA 22314. Phone: (703) 789-9230. Payment may be made by credit card or by check drawn on a U.S. or Canadian bank in U.S. funds.