



Archaeological Society of Central Oregon

P.O. Box 8146, Bend, OR 97708-8146

Membership Application/Renewal Form

Name _____

Mailing Address _____

City _____

E-mail Address _____

State _____ Zip Code _____

Phone Number _____

You will receive ASCO's newsletter the *e-Midden* and announcements by e-mail. If you don't have an e-mail address you will receive the *e-Midden* by the postal service.

How would you like your name to appear on your name tag if different from above?

New Membership _____

Membership Dues \$20

Renewal _____

Optional Tax Deductible Donation \$ _____

Please make your check payable to ASCO and mail it with this signed form to the above address. Membership runs from January 1 through December 31. New memberships received after August 31 will apply to the remainder of the current year and the next full year.

ASCO Code of Ethics

As an ASCO member I will:

- A. Abide by all local, state and federal laws governing the protection and preservation of cultural heritage resources; and, will report all violations to the appropriate authorities.
- B. Obtain advice, consent, and assistance of qualified professionals in archaeology and/or history when dealing with the material remains of antiquity.
- C. Assist professionals and educators in accomplishing the objectives of ASCO by participating in research, interpretative, and public outreach projects only approved or supervised by qualified professionals.
- D. Obtain the authorization of the owner or property manager when dealing with material remains of antiquity present on private land.

PLEASE SIGN:

Date _____

I would like to help with:

- Archives Committee
- Audit Committee
- Bylaws Committee
- Field Trips Committee

- Hospitality Committee
- Membership Committee
- Programs Committee
- Projects Committee

- Publications Committee
- Site Stewardship
- Volunteer Committee