

# Colorado Council of Professional Archaeology Membership Renewal Form

Instructions: Please write check to - **Colorado Council of Professional Archaeologists.**

Please Print

Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DaytimePhone: \_\_\_\_\_ EveningPhone: \_\_\_\_\_

E-mail  
Address: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_

I would like to receive my newsletters by: e-mail \_\_\_\_\_ mail \_\_\_\_\_ (check one)

Voting Member/Native American Member.....	\$30.00	_____
Associate Member.....	\$25.00	_____
Voting Student Member.....	\$10.00	_____
Associate Student Member.....	\$10.00	_____

(Please see CCPA bylaws for changes in student membership categories)

Ward Weakly Fund Contribution..... \_\_\_\_\_

Total Due: \_\_\_\_\_

**Thank you for renewing your membership!**

Please send this form, with payment, to: CCPA Treasurer, PO Box 40727, Denver, CO 80204-0720.