



Forks of the Delaware Chapter 14 Membership Application

I wish to apply for membership in the Forks of Delaware Chapter No. 14 of the Society for Pennsylvania Archaeology. If accepted, I will earnestly subscribe to the objectives of the Society.

Please check one:

- Adult membership (Annual dues: \$700)
- Family membership (Annual dues: \$8.00)
- I am under 18 years of age and wish to apply for a student membership (Annual dues: \$3.00)
- Check box if you are a SPA member (Society for Pennsylvania Archaeology)

Name _____

Address _____

Telephone number _____ Date _____

E-mail address _____

Signature of applicant _____

Signature of Sponsor member _____
(for Junior members only)



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