## **GEORGIA COUNCIL OF PROFESSIONAL ARCHAEOLOGISTS** (GCPA) Application for Membership

Name:							
Address:							
Email:				· · · · · · · · · · · · · · · · · · ·			
Phone Numbers	s:	Home:	()				
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		Fax:	()				
			ne Council is open (see http://rpanet.		o adheres to the Code o	of conduc	t of the
	(a)	holds a Master's degree or higher in Anthropology, or a closely related field, with an emphasis in archaeology and is actively involved in Georgia archaeology in a professional manner;					an
	OR	professionarme	armor,				
	(b)	is actively invol	ved in Georgia ard	chaeology in a	demonstrated profession	nal mann	er.
approved for me	embersh	ip by the GCPA		of the GCPA C	uld be submitted <i>after</i> ap Constitution, GCPA mem		
Ple	ease su	bmit this signed	application along	with an up-to-c	date copy of your resum	e to:	
		c/o South PO Box 2	Williamson ern Research I 250 GA 31807	HPC, Inc.			
I HEREBY SUBS PROFESSIONA			STITUTION AND E	BY-LAWS OF 1	THE GEORGIA COUNC	IL OF	
Signed:		The Council wi	ll keep your resum	Date: e and signed f	orm on file		
	of Prof				name in the next list of r ategories at any time by		
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