

## APPLICATION FOR PROFESSIONAL MEMBERSHIP

### APPLICANT INFORMATION

Full Name:

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Phone Number:

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Preferred Email:

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Residential Address:

Street/PO Box:

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City/Town:

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Postal Code:

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Business Affiliation:

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Business Email:

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### ELIGIBILITY CRITERIA

A person who meets the following criteria is eligible for membership in the Society as a Professional Member:

- 1) Is sponsored by two (2) Professional Members of the Society.
- 2) Is engaged either part-time or full-time as an archaeologist.
- 3) Has one of:
  - a) A post-secondary degree in archaeology or anthropology with a specialty in archaeology, or
  - b) An equivalent combination of documented archaeological training, analysis, and technical writing experience which meets the qualities and standards of the Society.
- 4) Has three years of archaeological experience, including two years of archaeological experience in British Columbia.
- 5) Is the primary author of an archaeological publication or report which meets the qualities and standards of the Society.
- 6) Has a demonstrable understanding of all relevant legislation.
- 7) Has held in their own name and successfully completed the requirements of a permit issued pursuant to the Heritage Conservation Act.
- 8) Has a demonstrable ability to direct and supervise in the field an archaeological survey or excavation.
- 9) Has a demonstrable ability to meet and liaise with clients, First Nations, and government agencies.

I can confirm that I meet these eligibility criteria

Yes

No

## APPLICANT QUALIFICATIONS

The qualifications of the applicant to meet the above criteria are assessed by filling out this form, supplying references, supplying a detailed Curriculum Vitae (CV), and supplying any requested additional information under each heading.

### 1) Sponsorship

The applicant must provide the names of two (2) Professional BCAPA members in good standing who have agreed to sponsor the applicant for membership. Please list the sponsors here:

Sponsor #1	Name:	_____
	Phone:	_____
	Email:	_____
Sponsor #2	Name:	_____
	Phone:	_____
	Email:	_____

### 2) Archaeological Engagement

Are you engaged as an archaeologist, either full-time or part-time?  Yes  No

Please provide details in your CV.

### 3) Education

#### a) Post-secondary Degree

Do you have a post-secondary degree in archaeology or anthropology with a specialty in archaeology?  Yes  No

If yes, please provide details in your CV. If no, move to 3) b).

#### b) Equivalent Experience

Do you have an equivalent combination of documented archaeological training, analysis, and technical writing experience?  Yes  No

Please provide details in your CV.

### 4) Days of Experience

#### a) Total Days of Experience

Do you have 3 years of archaeological experience?  Yes  No

Please indicate the total number of days of archaeological experience: \_\_\_\_\_ days

Please provide details in the experience table and in your CV. Number of days must be broken down by project and/or permit number.

#### b) Days of British Columbia Experience

Do you have 2 years of archaeological experience in BC?  Yes  No

Please indicate the total number of days of archaeological experience in BC: \_\_\_\_\_ days

Please provide details in the experience table and in your CV. Number of days must be broken down by project and/or permit number.

**c) Experience Table**

Please provide evidence of your days of experience by filling out the following table. The table must provide the following information: project name, permit number (if permitted), date range that you worked on the project, number of days experience per project, whether the days were in the field or office, your role, and whether the days were in BC. An example of how to fill in the table is appended to this form. Additionally, you may submit a field director matrix in place of this table to demonstrate your experience.

Employer or Institution	Project Name	Permit Number	Date Range	Number of Days					Total per Project	Role	In BC? (Yes/No)
				Excavation	Monitoring	Survey	Office/ Lab	Instructor			
<b>TOTALS</b>											

**5) Senior Author**

Are you a primary author of an archaeological publication or report which meets the qualities and standards of the Society? Yes No

Please provide:

- a) Reference information for the report.

Title: \_\_\_\_\_  
Author: \_\_\_\_\_  
Permit Number: \_\_\_\_\_

- b) A pdf copy of the report or the location where it can be found on PARL.

Pdf copy attached? Yes No  
PARL Location: \_\_\_\_\_

- c) A copy of the acceptance letter, if the report has been reviewed and accepted by the Archaeology Branch.

Pdf copy attached? Yes No

**6) Understanding of Relevant Legislation and Liaising with Government Agencies**

Do you have a demonstrable understanding of all relevant legislation and the ability to meet and liaise with government agencies? Yes No

Please provide a reference who can confirm that you have such an understanding and ability. The reference must have reviewed work you have done that relates to the legislation, such as an Archaeology Branch Project Officer or an OGC Heritage Conservation Officer.

Reference Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**7) Permit Holder**

In your name, have you held and successfully completed the requirements of a permit issued under the Heritage Conservation Act? Yes No

Please provide:

- a) one permit number that has been held in your name: \_\_\_\_\_

- b) a pdf copy of the report for this permit, or the PARL location.

Pdf copy attached? Yes No  
PARL Location: \_\_\_\_\_

- c) A copy of the acceptance letter, if the report has been reviewed and accepted by the Archaeology Branch or OGC.

Pdf copy attached? Yes No

Do we have permission to contact the Archaeology Branch or OGC about your completion of the requirements of this permit? Yes No

Are you **currently** able to hold permits in BC? Yes No

If no, please provide an explanation:  
\_\_\_\_\_

**8) Field Direction and Supervision**

Do you have a demonstrable ability to direct and supervise in the field an archaeological survey or excavation? Yes No

Please provide the name of one survey or excavation project that you directed and supervised in the field:

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Please provide a reference who can confirm that you have such an understanding on the project cited. The reference must be a peer or supervisor.

Reference Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**9) Meeting and Liaising**

**a) Clients**

Do you have a demonstrable ability to meet and liaise with clients? Yes No

Please provide an example:

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Please provide a reference who can confirm that you have such an understanding specifically related to the example cited. The reference must be a client.

Reference Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**b) First Nations**

Do you have a demonstrable ability to meet and liaise with First Nations? Yes No

Please provide an example:

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Please provide a reference who can confirm that you have such an understanding specifically related to the example cited. The reference must be a First Nations representative in an administrative, lands management or referral position.

Reference Name: \_\_\_\_\_  
Affiliation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## COMPLETION

I hereby apply for Professional Membership with the British Columbia Association of Professional Archaeologists, and by this application agree to uphold the constitution and comply with the bylaws of the Society. I also hereby confirm that all of the information provided above, and on the attached curriculum vitae, is correct and true to the best of my ability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## SUBMIT FOR REVIEW

To initiate the application process, please send the following by e-mail to [admin@bcapa.ca](mailto:admin@bcapa.ca):

- A completed and signed application form
- All supporting documentation requested above

**Upon receipt of the application package, a membership application fee invoice is emailed to the applicant.**

The following payments are accepted:

- Credit Card - via Square (once you receive a Square invoice payment can be made)
- E-transfer - send payment to [rdanks@bcapa.ca](mailto:rdanks@bcapa.ca) and provide administrator with the answer key
- Cheque - Please make your cheque payable to the BCAPA, and mail to:  
BCAPA  
367 Roslyn Boulevard  
North Vancouver, BC V7G 1P1

The application package is forwarded to the Membership Committee for review, upon receipt of the membership application fee payment.

If during the application process the reviewer requests additional information from the applicant, the applicant must comply within 30 days. If the applicant fails to comply, the application process is terminated and the application is considered withdrawn.

***Please note that application fees are nonrefundable.***

Example of how to fill in Experience Table

Employer or Institution	Project Name	Permit Number	Date Range	Number of Days						Role	In BC? (Yes/No)
				Excavation	Monitoring	Survey	Office/ Lab	Instructor	Total per Project		
ABC Consulting	Tree Huggers Ltd forestry blocks in the PG Forest District	2012-0000	May-Sept, 2012	0	0	62	24	0	88	Permit Holder	Yes
ABC Consulting	Deep Earth Mineral Exploration near Terrace	2012-1000	Sept-Oct, 2012	0	5	15	22	0	42	Supervisor	Yes
ABC Consulting	Ministry of Transportation and Infrastructure, Highway 666 improvements	2011-1111	Oct 2011- June 2012	20	4	13	48	0	85	Supervisor	Yes
Totally Awesome Consultants	We Need Houses Subdivision, Surrey	2010-9999	Jul 2010- Jul 2011	1	18	5	10	0	34	Supervisor	Yes
Totally Awesome Consultants	Way Up North Resources oil and gas exploration, near Whitehorse	10-12 ASR	Jun-Jul 2010	0	0	22	12	0	34	Assistant	No
University of British Columbia	Human Occupation Site (BbBb-0) Field School	2008-1234	Jul-Aug 2008	20	0	0	5	5	30	Teaching Assistant	Yes
University of Alberta	People Lived Here Site (AaAa-0) Field School	Unknown	Jul-Aug 2006	20	0	0	5	0	25	Student	No
<b>TOTALS</b>				<b>61</b>	<b>37</b>	<b>177</b>	<b>106</b>	<b>5</b>	<b>338</b>		<b>257</b>

**NOTES AND DEFINITIONS**

**Employer or Institution:** enter the company or educational institution you worked for. If the experience isn't employment, enter the educational institution, society, association who you volunteered for or participated in.

**Project Name:** enter the name of the project and a general location

**Permit Number:** if the project was permitted, enter the permit number. If you don't know what the permit number is, enter "unknown". If the project was not permitted, enter "non-permitted".

**Excavation:** enter number of days on controlled excavation at archaeological sites by evaluative unit, academic excavation or mitigative excavation.

**Monitoring:** enter number of days visually monitoring machine activities at archaeological sites.

**Survey:** enter number of days on pedestrian traverse and subsurface testing for archaeological sites.

**Office/Lab:** enter number of days spent in the office and lab (reporting, data entry, site forms, core counting, communication, artifact cataloguing, etc)

**Instructor:** enter any days instructing archaeological concepts at an educational institution, workshop or other informative situation.

**Total per Project:** enter the total number of days claimed in the 4 cells to the left, giving a total number of days experience per project.

**Role:** enter your role on the project. Examples could be permit holder, supervisor, assistant, instructor, teaching assistant, student, volunteer, etc.

**In BC? (Yes/No):** indicate whether the project was in BC or not. At the bottom of the column, indicate total number of days experience in BC.

**Totals:** enter the total number of days for each of the following columns: Excavation/Monitoring; Survey; Office/Lab; Instruction; Total per Project; and in BC.