

## APPLICATION FOR STUDENT MEMBERSHIP

### APPLICANT INFORMATION

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Residential Address:** Street/PO Box: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

**Business Affiliation:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

### ELIGIBILITY CRITERIA

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

- 1) Is currently enrolled in a degree-granting institution in a course program leading to a degree in archaeology or an archaeology-related field.
- 2) Provides one of the following:
  - a) A photocopy of their current student ID; or
  - b) A letter from a recognized official at the institution confirming their status as a student in good standing.

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 and supplying any requested additional information under each heading.

#### 1) Education

##### a) Currently Enrolled

Are you currently enrolled in a degree-granting institution in a course program leading to a degree in archaeology or an archaeology-related field?  Yes  No

Please provide the name of the institution:

\_\_\_\_\_

Please provide the major/minor program in which you currently enrolled:

\_\_\_\_\_

Please indicate your anticipated date of graduation:

\_\_\_\_\_

**2) Proof of enrollment if applying under 1) a) – ONE of the following required**

**a) ID card**

Have you included a photocopy or scan of your student ID card?  Yes  No

**b) Letter confirming enrollment**

Have you included a letter from the institution confirming your status as a student in good standing?  Yes  No

## COMPLETION

I hereby apply for Student 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 documents, 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.***