

# ASCSA Associate Membership Application

Title \*

First Name \*

Middle Name

Last Name \*

Suffix

Address (Required)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number \*

Email \*

Current Affiliation \*

Department \*

For which Member Category are you applying? \*

- Senior Associate Member
- Student Associate Member

**Time Period \***

- Visiting (Part-Time)  
 Full Academic Year

**Dates you plan to be a Member of the School.**

**From: \***

/  /    
MM DD YYYY

**To: \***

/  /    
MM DD YYYY

**Which members of your family would accompany you to Athens? \***

**State briefly the work you plan to pursue. \***

**Research facilities I plan to visit (you may check more than one): \***

- Agora Excavations  
 Corinth Excavations  
 Blegen Library  
 Gennadius Library  
 Archives  
 Wiener Laboratory  
 None

**Are you applying for a permit request through the ASCSA? \***

- Yes  
 No

Are you a first-time applicant? \*

Yes

No

As a first time applicant, please submit a project description and curriculum vitae. Please attach these documents as doc, docx or pdf files below.

Project Description \*

no file selected

Curriculum Vitae \*

no file selected

As a first-time Student Associate applicant, you are also required to provide names and addresses of two people who are familiar with your academic work and attainments and who are willing to write supporting letters. (One from your dissertation advisor or the Chair of the Graduate Program of your home institution.)

Upon submission of this application, you will be given a link to a recommendation form. Please provide this link to each of your recommenders.

Name of Recommender #1 \*

Institution \*

Position \*

Contact Information (Please provide address, phone number, fax, or email) \*

Name of Recommender #2 \*

Institution \*

Position \*

Contact Information (Please provide address, phone number, fax, or email) \*

**Waiver of Right of Access to Confidential Statements: In accordance with the Family Education Rights and Privacy Act of 1974, I have the right to inspect recommendation letters. \***

- I waive my right to review recommendation letters.
- I do not waive my right to review recommendation letters. (If you do not waive your rights, the ASCSA will notify your recommenders.)

**By signing this application or by transmitting it electronically, I certify that all information submitted in the admission process, including the application and supporting material, is my own work, factually true, complete, and honestly presented. I also certify that any other information submitted on my behalf is authentic, including letters of recommendation, academic transcripts, and certifications. I understand that I may be subject to a range of disciplinary actions, including admission revocation, suspension or expulsion, should the information that I have certified be false, misleading, or contain omissions. I agree to notify ASCSA of changes to information or of new information pertinent to this application.**

**I have placed my electronic signature on this application. I understand that by typing my full name on the line below, I am affixing my electronic signature which is contractually binding, represents my knowing certification, and has the same legal force and effect as an original hand-produced signature.**

Type Full Name Here \*

Date \*

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
MM		DD		YYYY	

**IMPORTANT:**

Before submitting this form, please PRINT A COPY for your records.