

INSTITUTE OF ARCHAEOLOGISTS OF IRELAND

(Reg. No. 346469)

Application for Membership Form

Application	Member <input type="checkbox"/>	Graduate <input type="checkbox"/>	Associate <input type="checkbox"/>	Corporate <input type="checkbox"/>	Student <input type="checkbox"/>
Present Membership	None <input type="checkbox"/>	Graduate <input type="checkbox"/>	Associate <input type="checkbox"/>	Corporate <input type="checkbox"/>	Student <input type="checkbox"/>

NAME:
ADDRESS:
e-mail:

QUALIFICATION(S):
3 rd LEVEL INSTITUTION(S):
DATE(S) OF CONFERRAL:

PRESENT POSITION:
LEVEL OF RESPONSIBILITY:
INSTITUTION (where applicable):

RESUMÉ OF POST-GRADUATE EXPERIENCE:

A COMPREHENSIVE C.V. SHOULD ACCOMPANY THE COMPLETED FORM

Names & Signatures of two Proposers, Full Members of IAI in good standing:

1.	
2.	

Signed: _____ Date: _____

Please return to **Membership Committee, c/o Secretary, Institute of Archaeologists of Ireland, 63 Merrion Square, Dublin 2, Ireland.**