



The Society for the Study of Egyptian Antiquities

Membership for 20__-20__ (Sept. – Aug.)

If you are joining or renewing for more than one year, list the other membership years _____

Name _____
Street address _____
City, province/state _____
Postal code _____
Country _____
Phone number _____
E-mail Address _____

I consent to the SSEA/SEEA contacting me concerning Society matters and events Yes No

Annual fees (overseas and US memberships to be paid in US funds)

_____ Full \$70
_____ Student \$35: Provide a scan or photocopy of student ID
_____ Associate \$50 Receive the *Newsletter* but not the *Journal*
_____ Institutional \$80

Publication format preference Electronic _____ Paper and electronic _____

Canadian/US members who receive the electronic Journal format only are eligible for a tax receipt. If you have received electronic publications and would like a tax receipt, check here _____

Payment options

E-transfer _____ Cheque _____ Credit Card _____ PayPal _____

E-transfer, Send to SSEA, Treasurer@thessea.org. Include the payment amount and specify *Membership* in the *Memo* box

Cheque

Payable to the Society for the Study of Egyptian Antiquities

Credit card

VISA _____ AMEX _____ Mastercard _____ Number _____ Expiry _____ (mm/yr)

PayPal

Go to the *Send Money* tab. In the *Recipient* tab, type sseafundraising@gmail.com. In the *Message* section, type your name, membership type, and the years you wish to renew.

Tax-deductible Donation

I would like to make a Tax-deductible Donation to The Society for the Study of Egyptian Antiquities in the amount of \$_____. Charitable Registration No. 13319 4704 RR0001. Indicate whether this donation is for SSEA National __ or a specific chapter (Calgary__ Montreal__ Toronto__)

Email sseainfo@gmail.com. Send regular mail to

The Society for the Study of Egyptian Antiquities, Attn: SSEA Membership Secretary,
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