## **TAC Membership Application Slip**

Name:		
Address:		E-mail address:
Phone:		
Membership category:		Amount enclosed:
Make checks out to <u>Al</u>	<u>LI</u> .	
Send to: TAC Member OR 97405 USA	ship, Archaeological	Legacy Institute, P.O. Box 5302, Eugene,
the Membership area.	h credit card is availa You can also call 54 form below. You car	ble at http://www.archaeologychannel.org in 1-345-5538 in the US with your credit card n fax it to us at 541-338-3109 or e-mail it to
Select one: VISA	Mastercard	American Express
Credit card number:		
CVV Code (3 or 4 digit	code on the back of	the credit card):
Expiration date:		Amount to charge:
Name on card:		Signature:

Membership categories and suggested fees (USD)—we accept any amount:

Child \$18 Student \$25 Limited or Fixed Income \$20 Individual (Supporting) \$45 Individual (Sustaining) \$95 Individual Lifetime \$1000 Organization (Supporting) \$250 Organization (Sustaining) \$500 Quantum Benefactor \$5000