



AMERICAN RESEARCH CENTER IN EGYPT, INC.

**Application for
Research Supporting Membership (RSM) or Institutional Membership**

Please complete the following form, then contact one of the listed RSMs (Research Supporting Member) to request their recommendation. Send the completed form to the RSM of your choice for their signature. Once signed, email the form to membership@arce.org, or fax to 210.821.7007 along with credit card information for membership dues. Alternately, you may mail in the completed form with your membership dues.

Dr. Adela Oppenheim
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Dr. Betsy Bryan
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Dr. Jan Johnson
Oriental Institute
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Name of Institution:

Membership Type: RSM (\$2600 annual membership) Institutional (\$600 annual membership)

Department:

Department Head / Chair:

Mailing Address:

Phone:

Fax:

Website:

Contact Name:

(For RSMs, this contact serves on the RSM Council)

Title:

Phone:

Email:

Brief statement of academic programs/activities and mission:



Anticipated work in Egypt for coming academic year (if any):

Please secure a recommendation from an active Research Supporting Member:

Research Supporting Member Institution: _____

Date: _____ RSM Signature: _____

Credit Card Payment: Visa/MC Discover Amex

Cardholder Name:

Billing address:

Street:

City:

State, Zip:

Card Number:

Exp. Date (mo/year):

Cardholder Signature _____