



*Stoke-on-Trent Museum*  
**Archaeological Society**

*The Potteries Museum and Art Gallery  
Bethesda Street  
Cultural Quarter,  
Stoke-on-Trent  
Staffordshire  
ST1 3DW*

*President: E.E.Royle M.B.E.*

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**APPLICATION FOR MEMBERSHIP**

The objects of the Society shall be to promote and encourage archaeological research, especially the excavation, examination, recording and preservation of the antiquities of North Staffordshire. The Society was founded in 1959 and is affiliated to the Council for British Archaeology. Its interests cover all periods from prehistoric time to the industrial revolution.

The Society's premises, which include facilities for restoration, drawing, map and library work and a lecture room, are open on the 2<sup>nd</sup> and 4<sup>th</sup> Friday evenings in each month at 7.30pm. Whilst members are encouraged to participate in fieldwork, every assistance is given to those whose interests are limited to a particular aspect of archaeological research.

All members are fully insured for any work they undertake at the premises or in the field.

The email address you provide will be used to keep you up-to-date with the Society and will be used to send an electronic copy of the Newsletter. The Society member leading an excavation or site work will be provided with this email address to keep you informed of new fieldwork.

Please return the form and payment to the following address:

**The Secretary (SOTMAS), c/o The Potteries Museum and Art Gallery, Bethesda Street, Hanley, Stoke-on-Trent, Staffordshire ST1 3DW**



**APPLICATION FORM**

SURNAME \_\_\_\_\_ FORENAMES \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

AGE (*if between 15 and 18*) \_\_\_\_\_ ARE YOU STILL A FULL-TIME STUDENT? \_\_\_\_\_

I AGREE TO ABIDE BY THE CONSTITUTION OF THE SOCIETY.  
([www.stokearchaeologysociety.org.uk/html/Constitution.html](http://www.stokearchaeologysociety.org.uk/html/Constitution.html))

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF PARENT (*IF UNDER 16*) \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURES OF 2 COMMITTEE MEMBERS \_\_\_\_\_

DATE MEMBERSHIP GRANTED \_\_\_\_\_ FEE RECEIVED \_\_\_\_\_

*Please make cheques payable to Stoke-on-Trent Museum Archaeological Society.*