



AMERICAN RESEARCH CENTER IN EGYPT, INC.

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

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.

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Name of Institution: _____

Membership Type: RSM (\$1000 annual membership)

Department: _____

Department Head / Chair: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____

Contact Name: _____ (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 (circle one)

Cardholder Name: _____

Billing address:

Street _____

City: _____ State, Zip: _____

Card Number: _____ Exp. Date (mo/year): _____

Cardholder Signature _____