Eastern States Rock Art Research Association (ESRARA) NAME(S):____ ADDRESS: Phone 1: _____ Phone 2: _____ Donation/Dues (Tax Deductible) Levels ____ \$30 Basic Membership ____ \$25 Student (with ID) ____ \$40 Joint/Family Membership ____ \$60 Researcher ____ \$75 Steward ____ \$100 Preservationist ____ \$250 Lifetime Membership (over 65) ____ \$450 Lifetime Membership (under 65) \$550 Joint Lifetime Membership Would you like to have your name and email address added to a roster that would be available to the ESRARA Membership? Yes:____ No: ____ I am interested in attending the 2024 ESRARA biennial conference in western Pennsylvania Please send this completed form and a check made payable to **ESRARA** to: **ESRARA** c/o Dr. Carol Diaz-Granados 7433 Amherst Avenue St. Louis, MO 63130-2939 If you are paying by PAYPAL, then please send your completed form electronically to cdiazgranados@wustl.edu or by regular in the enclosed envelope.

THANK YOU!

ESRARA Committee