VIRGINIA HISTORICAL SOCIETY

LIBRARY REGISTRATION FORM

(To be completed by all first-time users of the library)

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP:_____

PHONE: _____ EMAIL ADDRESS: _____

INSTITUTION: _____

( ) Faculty member ( ) Student ( ) Independent researcher

Subject of Research ( ) genealogy: _____

( ) history: _____

How did you hear about us? _____

Are you a member of the Virginia Historical Society? Yes_____ No _____

Would you like to learn about becoming a member of the Virginia Historical Society, and be notified of upcoming events? Yes_____ No _____

Researchers are required to supply a government-issued photo I. D.

The undersigned certifies that the information provided above is correct and agrees to comply with all library procedures.

DATE: _____ SIGNATURE OF RESEARCHER: _____

VERIFIED: _____

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