ROCK ISLAND COUNTY HISTORICAL SOCIETY

RESEARCHER REGISTRATION/ USE POLICY AGREEMENT FORM

NAME (PLEASE PRINT): _____

ADDRESS: _____

_____

PHONE: _____

E-MAIL ADDRESS: _____ @ _____

NATURE/ SUBJECT OF RESEARCH:_____

_____

I HAVE READ, UNDERSTAND AND AGREE TO FOLLOW THE USE POLICY OF THE ROCK ISLAND COUNTY HISTORICAL SOCIETY. I UNDERSTAND THAT FAILURE TO FOLLOW THE USE POLICY CAN RESULT IN A LOSS OF PRIVILEGES AT THE RESEARCH LIBRARY AND ARCHIVES.

_____

SIGNATURE **DATE**

INTERNAL USE ONLY

FORM RECEIVED BY _____

DATE _____

FEE PAID/ MEMBERSHIP TAKEN (CIRCLE ONE)

DATE	INITIALS	FEE PAID