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 AGR THE ROCK ISLAND COUNTY HISTORIC FAILURE TO FOLLOW THE USE POLICY PRIVILEGES AT THE RESEARCH LIBRA	AL SOCIETY Y CAN RESI	Y. I UNDERS ULT IN A LOS	STAND THAT	
SIGNATURE			DAT	LE
INTERNAL USE ONLY		T	T	1
	DATE	INITIALS	FEE PAID	
FORM RECEIVED BY				
DATE				
FEE PAID/ MEMBERSHIP TAKEN (CIRCLE ONE)				
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