

RESEARCH CENTER REGISTRATION

Today's Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (optional): _____

Please add me to your email list. CHS will not share your email with anyone else.

Research Topic: _____ Institutional Affiliation: _____

SAA Museum Archives Section Working Group Example

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TERMS OF USE

You must sign this agreement to use materials.

- I will not remove materials from the Research Center.
- I will not mark, mishandle, or deface materials.
- I will comply with all rules regarding photocopying, digital photography, use of equipment, and security.
- My research materials and personal articles may be inspected and I may be detained if suspected of removing materials.

I agree to abide by these regulations:

- I will provide a current photo ID upon registering and I understand that a copy will be kept with my registration form and used nowhere else. *Individuals under 18 are exempt from this requirement.*
- If I do not have a current photo ID, I will let staff take my photograph and keep it with my registration form. Photographs will be used for CHS identification only. *Individuals under 18 are exempt from this requirement.*

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