



VIRGINIA HISTORICAL SOCIETY
The Center for Virginia History

APPLICATION TO CONSULT THE LIBRARY COLLECTIONS

All applicants, members of the Society and non-members, are required to complete the following application, and to check (at their own risk) briefcases and packages at the front desk before entering the Library.

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

INSTITUTION: _____

Faculty member Student Independent researcher

Subject of Research genealogy: _____

history: _____

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

Researchers are required to supply a 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: _____

2010

