Library Registration Form
West Virginia Archives and History

Name ____________________________________________

Affiliation _______________________________________

Street Address ____________________________________

City __________________________ State ___________ Zip _______________

Home Phone _______________ Business Phone _____________

E-Mail Address (optional) ______________________________________

DECLARATION:
I acknowledge that I have received, read, understand and will abide by the Archives and History Library rules as listed. I understand that violation of the rules is grounds for revocation of permission to use the library or Archives and History materials.

Signature _______________________________ Date ________________