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## Researcher Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Picture ID card Type, State Control Number: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contacted Archive Through:

Visit \_\_\_ Letter \_\_\_ Phone Call \_\_\_ Fax \_\_\_ E-Mail \_\_\_

Research Project Summary: *Continue on separate sheet if necessary*

Publication Plans:

Other special requirements:

Collections used:

\_\_\_\_\_  
*Researcher Signature*

\_\_\_\_\_  
*Date*