

**WVAH-01**  
**Form #1**

**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* \_\_\_\_\_