

## Researcher Registration Form

Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fees for out-of county researchers are as follows:

Daily Fee - \$5.00

Annual Fee - \$30.00

By signing this form the researcher acknowledges that he or she has read and understood the **Rules for the Use of Stratford-Perth Archives Collections** which were supplied with this form and agrees to adhere to those conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Personal information contained on this form is collected pursuant to the Municipal Freedom of Information & Protection of Personal Privacy Act for the purpose of responding to your request and to maintain a record of researchers who visited the facility. Questions about this collection should be directed to the Archivist of the Stratford-Perth Archives, 24 St. Andrew St., Stratford ON N5A 1A3 or at 519-271-0531 Ext. 250.*