

APPLICATION FOR USE OF THE MARION E. WADE CENTER

NAME: _____

PART 1: ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP CODE _____ COUNTRY (IF OTHER THAN THE U.S.): _____

TELEPHONE #: (____) _____ - _____ EMAIL ADDRESS: _____

PART 2: PURPOSE OF VISIT

(Please state the author(s) in which you are interested and the general topic of study.)

- AUTHOR(S) OF INTEREST: _____

- CASUAL RESEARCH/READING
GENERAL TOPIC: _____

PART 3: ANTICIPATED USAGE

(Please fill out the appropriate information.)

- ONE DAY: _____ (TODAY'S DATE)

OR

- LONG TERM/ ON-GOING STUDY: *(Please state the approximate dates that you plan to visit the Wade Center for your research.)* _____

I request permission to use the Marion E. Wade Center for the project described above. I have read the regulations for the use of the Center and agree to abide by them.

Applicant's Signature

Date

_____ I am interested in knowing more about the *Friends of the Wade* program

_____ Please send me information about *SEVEN*