

**APPLICATION FOR USE OF THE MARION E. WADE CENTER**

NAME: \_\_\_\_\_

**PART 1: ADDRESS**

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE / PROVINCE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY (IF OTHER THAN THE U.S.): \_\_\_\_\_

TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**PART 2: PURPOSE OF VISIT (IF APPLICABLE)**

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

\_\_\_\_\_  
\_\_\_\_\_

**PART 3: ANTICIPATED USAGE \***

*(If known, please state the approximate dates that you plan to visit the Wade Center.)*

\_\_\_\_\_

\*Note that this form is active for the current calendar year. If you return to the Wade Center after today and before January, simply tell the desk attendant you have a form already on file.

**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

\_\_\_\_\_ Please add me to the Wade Center email list for news and events.