



Welcome to the Amistad Research Center
Researcher Registration Form

- New patron
 Returning

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Institutional Affiliation (if any): Tulane _____ Other (please specify) _____

Researcher Category:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Genealogist |
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Media |
| <input type="checkbox"/> K-12 Student | <input type="checkbox"/> Other: _____ |

Purpose of Research:

- | | |
|---|---|
| <input type="checkbox"/> book/scholarly article | <input type="checkbox"/> news article/media |
| <input type="checkbox"/> research paper | <input type="checkbox"/> film/documentary |
| <input type="checkbox"/> thesis/dissertation | <input type="checkbox"/> family/genealogy |
| <input type="checkbox"/> personal interest | <input type="checkbox"/> Other: _____ |

Subject of Research: _____

How many days do you plan to visit the Center? _____ (Applies only to researchers not from the New Orleans metro area.)

In the event that it appears to the Center staff that your research interests parallel that of another researcher, do you wish to have your name, contact information and research topic released?

(Please initial) Yes _____ No _____

We appreciate your interest and membership, and encourage tax-deductible donations.

I have read and agree to abide by the Amistad Research Center "Policies and Guidelines for Use of Materials."

Researcher's Signature _____ Date _____

