

Instructions: Please use the  diskette icon (appears in lower right portion of screen upon rollover) to save this file to your computer. Then print the form, fill it out, and return to SLOCAS. Don't forget to include a copy of your resume or CV. Thank you.

SAN LUIS OBISPO COUNTY ARCHAEOLOGICAL SOCIETY

P. O. Box 109, San Luis Obispo, CA 93406

Web: SLOCAS.org

Email: info@slocas.org

Tel: (805) 594-1477



RESEARCHER REGISTRATION

Name _____

Affiliation _____

Address _____

City, State Zip _____ Phone/Fax _____

E-mail _____

Subject of Research:

Research Focus as it relates to SLOCAS:

Please attached a resume or a curriculum vitae to this form for approval.

Access to the archive collections for purposes of research is only by permission and by appointment only. Projects requiring collections volunteers for research or other assistance may be subject to charges for these services.

The researcher must reimburse all costs plus a handling fee incurred by the archive in filling requests of researcher, for example, photographing objects, making negatives etc. In addition, individuals using the archive material for a commercial project will be charged a use fee (see our Fee Schedule).

Researcher agrees to reimburse the archive for collection use as determined by the collections volunteer. Any use of this information for commercial purposes is subject to renegotiating before release from archive is granted.

I have read and agree to the above. I agree to pay a \$50.00 yearly fee to maintain my status as a Registered Researcher.

Signature: _____ Date: _____