



The
BREWSTER HISTORICAL SOCIETY

Box 1146. Brewster. MA 02631 - 508-896-9521

RESEARCHER REGISTRATION FORM

Scheduled appointment on _____, 200__ at ____:____ or
Mailed / e-mailed information on _____, 200__

First Name _____ Middle Initial _____ Last Name _____

Residential Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Email Address _____

Research Topic (Please be as specific as possible) _____

Would you be willing to share your findings with other individuals researching the same topic? _____

Access and Security:

1. Access to any collection may be subject to restrictions or use conditions.
2. Certain items are prohibited in the research area including food, drinks, tobacco products, gum, ink pens, markers, highlighters, colored pencils, Post-It notes or similar self adhesive notes, umbrellas, outdoor wear including hats and coats or wraps, copiers of any type, purses, briefcases, bags, envelopes etc.
3. Open closet area is available for storage of outdoor wear. Please secure any and all other prohibited or valuable items in your vehicle.
4. In the advent of a fire, leave all materials including personal research on the table in the Archives/Research room and proceed quickly to the lower level exit. Access to open closet area will not be permitted if the building needs to be evacuated.
5. Volunteers will copy any items requested by the researcher. Copyright laws will be observed.
6. Please see copy and publishing regulations regarding publishing any material belonging to the *Brewster Historical Society*.
7. Cameras, scanners or any other imaging devices are strictly prohibited.
8. The Society does not loan items from its archival and photographic collection or from its library.
9. User is responsible for any damage occurring to the materials during their usage.

I have read and agree to abide by the policies stated above. I understand that any personal information collected herein will be used only for historical purposes and record keeping.

Researcher signature _____

Date: _____

See over (for BHS use only)

