

HUMAN RELATIONS AREA FILES, INC.

HRAF ASSOCIATE MEMBERSHIP APPLICATION HRAF COLLECTION OF ETHNOGRAPHY ON MICROFICHE

(This form is to be filled out in duplicate and both copies sent to: Human Relations Area Files, Inc., 755 Prospect St., New Haven, Connecticut, 06511-1225. Upon tentative acceptance, the second copy will be completed and returned to the applicant.)

Name of Institution requesting Membership

Address of Institution

hereby requests associate membership in the Human Relations Area Files Microfiche Program. If accepted, the applicant institution agrees to maintain the microfiche in good, workable condition and to take reasonable care to protect copyrighted material in the Files from unauthorized reproduction. The applicant institution may make use of the materials in microfiche as is consistent with the Fair Use Provisions of United States and international copyright laws.

Membership shall be considered tentatively effective when the applicant institution, the co-applicants, and HRAF have signed this form. Formal approval of membership occurs at the annual meeting of the Sponsoring Members (or at the semi-annual Executive Committee meeting).

Initial Institution Contact _____ Phone _____

Title _____ E-mail or FAX _____

Billing Address (if different from above):

Signature of Applicant

Date

HRAF, Inc., By

Date

Title

Title

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