

Date: _____



Research Request Form

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REQUESTOR INFORMATION	
NAME _____	PHONE () _____
EMAIL _____	
MEMBERSHIP STATUS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> LAPSED <input type="checkbox"/> NON-MEMBER	
AFFILIATION:	
<input type="checkbox"/> Student _____	<input type="checkbox"/> Architect _____
<input type="checkbox"/> Media _____	<input type="checkbox"/> Real Estate _____
<input type="checkbox"/> Home owner _____	<input type="checkbox"/> Other _____

Please provide a detailed description of your research request:

ARCHITECT: _____ **YEAR:** _____

Please list any specific materials you are requesting: (such as images, drawings, clippings, brochures, designation report, etc.)

- Check this box if you would prefer to have research information emailed to you.
 Check this box if you would prefer to be contacted for an in-person research appointment.

Research appointments take place during Foundation business hours.