

**Area Studies Microform Project
Membership Request Form**

Project: _____ Cooperative Africana Microform Project
_____ Latin American Microform Project
_____ Middle East Microform Project
_____ South Asia Microform Project
_____ Southeast Asia Microform Project
_____ Slavic and East European Microform Project

Institution: _____

Proposed Project Representative: (Relevant bibliographer, collection development officer, etc.)

Include name and title: _____

Contact Information:

Address: _____

Phone: _____ **Fax:** _____

e-mail: _____

Relevant Web addresses:
(may include main library page, online catalog, area studies resource pages, academic departments)

May we list your e-mail and Web site information on our project pages? _____ Yes _____ No

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