

Contract for Payment of Research Fees

I hereby authorize The History Museum to spend up to _____ hours conducting research on my behalf at the hourly fees of \$10 for History Museum members (\$5 minimum) and \$25 per hour for non-members (\$12.50 minimum).

NAME (printed): _____ SIGNATURE: _____

ADDRESS: _____ DAYTIME PHONE _____

DATE OF REQUEST: _____ PAYMENT METHOD: _____

MEMBER? Yes No

I understand that The History Museum cannot guarantee its research will yield the information I desire and that payment is due for the amount of time spent, regardless of the results obtained.

Please answer the following questions as completely as possible:

1. What information are you seeking? Please include as much relevant information as you can and be as specific as possible regarding names, dates, geographic locations, etc. Use reverse if necessary.

2. What other resources have you explored:
 - Appleton Public Library's Wisconsin Collection?
 - Fox Valley Genealogical Society?
 - State Historical Society of Wisconsin?
 - Area Research Center, Green Bay?
 - Family Records?
 - Published sources? If so, which ones?
 - Other? (Please specify):

3. May we share your name and address with other's pursuing related research? Yes No

Mail completed form to: The History Museum at the Castle
330 East College Avenue
Appleton, WI 54911
Attn: Research & Collections