

Library Mailing List Request



Contact Information

Library Name _____

Street Address _____

City, State Zip _____

Phone _____

E-mail Address _____

Website _____

Primary Contact Name _____

Organizational Requirements

Is use of your library free? Yes _____ No _____

If no, please state what the fees are. _____

Is your organization registered as a 501(c)(3) Yes _____ No _____

Is your library: Public _____ Private genealogical _____ Academic _____

What is the parent organization of your library?

Facility Information

Please provide the average number of monthly users. _____

Please state how close the nearest genealogical library is to your location? _____

Is there a separate room or area for your genealogical materials Yes _____ No _____

Is there an online catalog of holdings? Yes _____ No _____

Is security adequate to prevent materials from leaving the building? Yes _____ No _____

What is the primary focus of your genealogical collection?

Please attach any additional information you feel will benefit the Trustees in reaching a determination regarding your request.

Please return this form to:
SunTrust Bank
P. O. Box 4655, Mail Code: GA-ATL-0221
Atlanta, GA 30302