RESEARCHER REGISTRATION
COLLEGE OF THE NORTH ATLANTIC/BSGC

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(City) (Province/State) (Country) (Postal Code)

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(Telephone Number) (Email Address)

If you are from out of town please give a local address where you can be reached.

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_____
(Telephone)

Researcher Category (x)

☐ **Genealogist/Family History**

☐ **University Student**

☐ **Academic Research**

☐ **Professional Research**

☐ **Other (Please Specify)**_____

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