



Anglican Church of Canada

80 Hayden Street, Toronto, ON M4Y 3G2

RESEARCHER REGISTRATION

DATE: _____

NAME: _____
(SURNAME) (USUAL GIVEN NAME)

ORGANIZATION: _____
(Please attach a business card)

ADDRESSES: _____
(RESIDENCE/BUSINESS)

(PHONE)

(E-MAIL) (FAX)

(LOCAL)

(PHONE)

REFERRED BY: _____

RESEARCH PROJECT: _____

CONDITIONS OF RESEARCH:

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