



ORAL HISTORY ASSOCIATION OF AUSTRALIA
W.A. BRANCH Inc.

ORAL HISTORY REGISTRY FORM 2007

NAME: _____

ADDRESS: _____

TELEPHONE: (W) _____ (H) _____

EMAIL: _____ Fax: _____
[please print]

Expertise: RESEARCHER INTERVIEWER
TRANSCRIBER

Occupation: _____

Qualifications: _____

Experience: _____

Reference:
[Please include three people who can be contacted as a referee for your work]

1. Name: _____ Telephone: _____

Project: _____

2. Name: _____ Telephone: _____

Project: _____

3. Name: _____ Telephone: _____

Project: _____

Rate Charged:
Interviewing: \$ _____ Research: \$ _____ Transcribing: \$ _____