



**MONTANA  
HERITAGE  
PROJECT**

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LIBRARY OF CONGRESS • MONTANA HISTORICAL SOCIETY • OFFICE OF PUBLIC INSTRUCTION • MONTANA ARTS COUNCIL • MONTANA COMMITTEE FOR THE HUMANITIES

**Application for Membership in the Montana Heritage Project**

Please admit me to membership in the Montana Heritage Project as a Heritage Reporter and send me a membership card/press pass.

Name \_\_\_\_\_ High School \_\_\_\_\_

Address \_\_\_\_\_

Year in School \_\_\_\_\_ Phone number \_\_\_\_\_ email address \_\_\_\_\_

**Permission to Publish Photographs/Videos, Writing, and other Creative and Scholarly Work**

Please sign the following form to authorize that video clips or photographs you made or helped to make, as well as photographs and video clips taken of you, and any work you or your teacher submits to the Montana Heritage Project are released for online and/or print publication on the Montana Heritage Project’s website or in Montana Heritage Project print publications. Work may be subject to editing prior to publication.

This means that all photographs and video clips taken of you, and any work you or your teacher submits to the Heritage Project, may be edited and published as described above.

**Parental Permission (for students younger than 18 at the time work was submitted)**

I authorize the Montana Heritage Project, or its representative, to publish photographs, video clips of my child, and examples of their work both online and in print publications. I also authorize the Montana Heritage Project, or its representative, to publish these photographs, images from video clips and examples of their work in print documents, CD-ROMs, videos, websites for purposes related to this project. I understand that any photographs and video clips of my child and examples of student work published will remain on the Montana Heritage Project website at the discretion of the publishers.

Name of Parent or Legal Guardian \_\_\_\_\_

Contact phone number of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent or Legal Guardian / Date \_\_\_\_\_ / \_\_\_\_\_

Signature of Student / Date \_\_\_\_\_ / \_\_\_\_\_