
Mason County Historical Society

HISTORIC WHITE PINE VILLAGE • PORT OF LUDINGTON MARITIME MUSEUM

1687 South Lakeshore Drive
Ludington, Michigan 49431
Phone: 231-843-4808
<http://masoncountyresearch.com/>
e-mail: michelle@mchshistory.org

Research Library Fees

Daily Usage Fee:

MCHS member FREE*
Non - Members \$10.00*

*Hourly Staff Rate applies for assistance given to researcher.

Research Request Hourly Staff Rate:

\$15.00 per 1/2 hour
\$24.00 per hour after first 1/2 hour

Photos and Documents - Scans and Copies

Will be conducted by staff member.

Photo to be used "for profit" \$20.00 per photo, in addition to the scan fee a copyright release must be signed

All other Photo Scans are \$12.00 per scan. Must be done by staff member. Scan will be e-mailed to you.

PDF Document Scans are \$1.00 per scan. Scan will be e-mailed to you.

Photograph Duplicating Fee: \$14.00 4x5 and 5x7
\$18.00 8x10

*larger photo fee based on reproduction costs to MCHS

Photocopies for members: 11x17 is \$0.50 each and 8 1/2 x11 is \$0.25 each

Photocopies for non-members: 11x17 is \$0.75 each and 8 1/2 x11 is \$0.50 each

Photocopies of Obituaries: \$1.00 each

ALL RESEARCH REQUESTS BEING MAILED ARE SUBJECT TO POSTAGE, SHIPPING, AND HANDLING CHARGES DETERMINED AT THE TIME OF SHIPMENT AND MUST BE PAID IN FULL PRIOR TO MATERIALS BEING SHIPPED.

MASON COUNTY HISTORICAL SOCIETY RESEARCH LIBRARY

Research Request

Please complete this form to use the research library yourself. List any topics, names etc...you would like to either research on, or have us research for you. If you are requesting an appointment list all the dates you are available. Research can only be conducted if staff or volunteers are able to assist you. **We will contact you if the dates you are requesting are available or not.**

Food and drink are not allowed in the Research Library.

_____ I am requesting research to be conducted on my behalf. (See research fees attached)

_____ I would like to set-up an appointment to use the Research Library. Research can only be done **during our regular hours**, and only when a **staff or volunteer is available to assist you**.

Dates that I would like to use the Research Library: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

Topic(s) for Research: _____

Staff Only:

Date Patron Contacted: _____

Status: _____

Appointment Date if made: _____