

Library Registration Form

Welcome to Irish Newspaper Archives. In order for us to register your library for the FREE 1 month trial we need some information. Please fill out the below and return via email.

Library Name:

Main Contact:

Website:

Email:

Phone number:

No. Branch Libraries:

No. Library Members:

Library access is via IP direct Authenticaiton. Please provide your IP range for your library network:

IP Address:

If you have any questions in regard to the above questionnaire or would like further details on how our library access works please contact a member of our registration team on the below email: sales@irishnewspaperarchives.com or join us on Facebook below.

