



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Countries with a National Committee

This form is to be completed (**PLEASE WRITE LEGIBLY**)
and
returned to your National Committee

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Email: secretariat@icom.museum
<http://icom.museum>

Last Name:

Mr/Mrs/Ms/Prof/Dr (tick one)

First Name:

Sex: F/M (tick one)

Date of birth:

Position:

Your Institution's Name:		
Professional address:		
City:	Postal code:	Country:
Tel.: (Please indicate country & area code)	Fax:	
Email:		
Institution's Web Site:		

Mailing address if different from above:		
City:	Postal code:	Country:
Tel.: (Please indicate country & area code)	Fax:	

Category of membership:

<input type="checkbox"/> Regular (voting)	<input type="checkbox"/> Retired Professional (voting)*
<input type="checkbox"/> Associate (voting)	<input type="checkbox"/> Student (non-voting)*
<input type="checkbox"/> Contributor (voting)	<input type="checkbox"/> Supporting (non-voting)

* **SUBMIT SUPPORTING DOCUMENT**

PLEASE NOTE: Membership is annual and runs from **January 1 until December 31** of the year in which the subscription is paid. **New memberships received after September 30 will become effective as from January 1 of the following year unless otherwise indicated.** →

Language for correspondence: (tick one) English French

Language for publications: (tick one) English French Spanish

Please indicate your specialisation (tick maximum 4):

- | | |
|---|---|
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Historic Houses |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Library/Archives |
| <input type="checkbox"/> Arms/Military History | <input type="checkbox"/> Management/Administration |
| <input type="checkbox"/> Audio-visual | <input type="checkbox"/> Marketing & Public Relations |
| <input type="checkbox"/> Cataloguing/Inventory | <input type="checkbox"/> Modern art |
| <input type="checkbox"/> Climate Control | <input type="checkbox"/> Musical instruments |
| <input type="checkbox"/> Collections Management | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Design/Installation | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Education | <input type="checkbox"/> Security |
| <input type="checkbox"/> Egyptology | <input type="checkbox"/> Science/technology |
| <input type="checkbox"/> Ethnography | <input type="checkbox"/> Training of personnel |
| <input type="checkbox"/> Exhibition Management | <input type="checkbox"/> Visitor services |
| <input type="checkbox"/> Fine Art | <input type="checkbox"/> OTHER (please specify): |
| <input type="checkbox"/> Glass | |

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Please complete, date and sign the following declaration:

I, _____, declare that I am eligible for membership of the International Council of Museums (ICOM) and wish to become a member of ICOM. I do not engage in dealing (i.e. buying and selling for profit) in the field of cultural property and accept the ICOM Code of Ethics for Museums.

DATE _____ SIGNATURE _____