Surname, first name: ……………………………………

Institution: …………………………………………………

ICOM membership no.: ………………………………

**Declaration of willingness to serve in the Board of ICMS**

Herewith I confirm that I am able and willing to serve in the position as

Chairperson | Secretary | Ordinary Board Member

*(strike and underline to indicate the position)*

in the Board of ICMS as I was nominated /as I have applied in case I would be elected. I acknowledge and accept the terms which describe the responsibilities and duties for ICMS Board members as published in the “Description for a board membership of ICMS”.

……………………………………… …………………………………………

 Signature Date