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INDIVIDUAL MEMBERSHIP APPLICATION FORM

Countries with a National Committee

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

First name: _____

Last name: _____

Title: **Mr/Mrs/Ms/Prof/Dr**

Gender: **Female/Male**

Date of birth: _____

(Please circle your answer)

(Please circle your answer)

(DD/MM/YY)

Your institution or the last institution where you worked (to be used as main contact information: Yes No)

Name:

Institution's website:

Your position:

Professional address:

City:

Postal code:

Country:

Email:

Tel:
(Please indicate country & area code)

Fax:
(Please indicate country & area code)

Your personal information (to be used as main contact information: Yes No)

Mailing address:

City:

Postal code:

Country:

Email:

Tel:
(Please indicate country & area code)

Fax:
(Please indicate country & area code)

Category of membership:

Regular (voting)

Retired Professional* (voting)

Associate (voting)

Student* (non-voting)

Contributor (voting)

Supporting (non-voting)

*Submit supporting document

Language for communication (tick one): English

French

Spanish

If you wish to become a member of an International Committee with full voting rights, please choose one:

Archaeology & History (ICMAH)
Architecture & Museum Techniques (ICAMT)
Arms & Military History (ICOMAM)
Audio-visual & New Technologies (AVICOM)
Conservation (ICOM-CC)
Decorative Arts and Design (ICDAD)
Collecting (COMCOL)
Costume
Documentation (CIDOC)
Education & Cultural Action (CECA)
Egyptology (CIPEG)

Ethnography (ICME)
Exhibition Exchange (ICEE)
Fine Arts (ICFA)
Glass
Historic House Museums (DEMIST)
Literary Museums (ICLM)
Management (INTERCOM)
Marketing & Public Relations (MPR)
Memorial Museums (IC MEMO)
Modern Art (CIMAM)
Money & Banking Museums (ICOMON)

Museology (ICOFOM)
Museum Security (ICMS)
Museums of Cities (CAMOC)
Musical Instruments (CIMCIM)
Natural History (NATHIST)
Regional Museums (ICR)
Science & Technology (CIMUSET)
Training of Personnel (ICTOP)
University Museums (UMAC)

Committee chosen (only one): _____

You can indicate up to three other committees you have an interest in: _____

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Tick the appropriate box:

I authorise ICOM to publish my data on its website (access restricted to ICOM officers and Committees): Yes

No

I authorise ICOM to diffuse my data to non-ICOM third parties: Yes

No

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: _____