



**INSTITUTIONAL MEMBERSHIP
APPLICATION FORM**

Countries with a National Committee

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Fax + 33 (0) 1 43 06 78 62

E-mail: membership@icom.museum

<http://icom.museum>

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

Name of institution in English (required): _____

Name of institution in your language (optional): _____

Date of establishment (dd/mm/yy): _____ Website: _____

Name of your Museum Director: _____

Institution contact details

Mailing address : _____

Postal code : _____ e-mail: _____

City: _____ Telephone: _____

Country : _____ Fax: _____

Name and position of person to whom correspondence should be addressed:

Contact details for representatives

Representative 1 :

Name and surname : _____

Position : _____ e-mail: _____ Telephone: _____

International Committee membership*: _____

Representative 2 :

Name and surname : _____

Position : _____ e-mail: _____ Telephone: _____

International Committee membership*: _____

Representative 3 :

Name and surname : _____

Position : _____ e-mail: _____ Telephone: _____

International Committee membership*: _____

- * Institutions can appoint representatives as voting members for International Committees. The same representative can be appointed to three different International Committees or three different representatives can be appointed to one of up to three International Committees. These representatives may also choose to receive information, without being voting members, from up to three (3) International Committees. If you wish to find out more about this opportunity and benefit from memberships to International Committees, please contact the ICOM Secretariat (tito.chan@icom.museum)

Category of membership:

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular I (voting) | = operating budget* < €30.000 | <input type="checkbox"/> Sustaining (voting) |
| <input type="checkbox"/> Regular II (voting) | = operating budget* from €30.000 to €100.000 | <input type="checkbox"/> Contributing (voting) |
| <input type="checkbox"/> Regular III (voting) | = operating budget* from €100.000 to €1.000.000 | <input type="checkbox"/> Supporting (non-voting) |
| <input type="checkbox"/> Regular IV (voting) | = operating budget* from €1.000.000 to €5.000.000 | |
| <input type="checkbox"/> Regular V (voting) | = operating budget* from €5.000.000 to €10.000.000 | |
| <input type="checkbox"/> Regular VI (voting) | = operating budget* > €10.000.000 | |

* The operating budget concerns the whole expenses of the institution, excepting capital expenditures.

PLEASE NOTE: Membership is annual and runs from January 1 to December 31 of the year in which subscriptions are 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 Spanish

Please tick the categories which apply to your institution:

A. CATEGORY OF INSTITUTION:

- | | |
|---|--|
| <input type="checkbox"/> Botanical Garden | <input type="checkbox"/> Museum |
| <input type="checkbox"/> Conservation Institute | <input type="checkbox"/> Natural Park/Animal Reserve |
| <input type="checkbox"/> Cultural Centre | <input type="checkbox"/> Research/Training Institute |
| <input type="checkbox"/> Exhibition Gallery | <input type="checkbox"/> Zoological Garden/Aquarium |
| <input type="checkbox"/> Library/Archives | |

OTHER (please specify):

B. GOVERNING STATUS:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Private |
| <input type="checkbox"/> County | <input type="checkbox"/> Provincial |
| <input type="checkbox"/> Foundation/Society | <input type="checkbox"/> Regional |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> University |
| <input type="checkbox"/> National | |

OTHER (please specify):

C. TYPE OF COLLECTION:

- | | |
|---|---|
| <input type="checkbox"/> Agriculture/Rural Heritage | <input type="checkbox"/> Maritime |
| <input type="checkbox"/> Applied Arts | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Military History |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Modern & Contemporary Art |
| <input type="checkbox"/> Children's Museum | <input type="checkbox"/> Money & Banking |
| <input type="checkbox"/> Costume | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Decorative Arts / Design | <input type="checkbox"/> Natural History |
| <input type="checkbox"/> Eco museum | <input type="checkbox"/> Open-air |
| <input type="checkbox"/> Education | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Ethnology/Ethnography | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Regional/Local |
| <input type="checkbox"/> Historic House | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> History | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Industrial Heritage | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Transport & Communications |

OTHER (please specify):

Note: The above information will be automatically processed to ensure your receipt of services from ICOM and will also be transmitted to International Committees. In conformity with the French law on Informatics & Civil Liberties (Jan. 6, 1978, rev.) you have the right of access and to modify the information that concerns you.

Please complete, date and sign the following declaration:

I, _____, declare that my institution is eligible for membership of the International Council of Museums (ICOM) and wishes to become a member of ICOM.

My institution does not engage in dealing (i.e. buying and selling for profit) in the field of cultural property and accepts the ICOM Code of Ethics for Museums.

Date: _____

Signature: _____