



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Countries with a National Committee

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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 indicate country & area code) (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: Fax: (Please indicate country & area code) (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: Fax: (Please indicate country & area code) (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) Ethnography (ICME) Museology (ICOFOM)
Architecture & Museum Techniques (ICAMT) Exhibition Exchange (ICEE) Museum Security (ICMS)
Arms & Military History (ICOMAM) Fine Arts (ICFA) Museums of Cities (CAMOC)
Audio-visual & New Technologies (AVICOM) Glass Musical Instruments (CIMCIM)
Conservation (ICOM-CC) Historic House Museums (DEMIST) Natural History (NATHIST)
Decorative Arts and Design (ICDAD) Literary Museums (ICLM) Regional Museums (ICR)
Collecting (COMCOL) Management (INTERCOM) Science & Technology (CIMUSET)
Costume Marketing & Public Relations (MPR) Training of Personnel (ICTOP)
Documentation (CIDOC) Memorial Museums (IC MEMO) University Museums (UMAC)
Education & Cultural Action (CECA) Modern Art (CIMAM)
Egyptology (CIPEG) Money & Banking Museums (ICOMON)

Committee chosen (only one):

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

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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: