



INTERNATIONAL COUNCIL OF MUSEUMS
CONSEIL INTERNATIONAL DES MUSEES

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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

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:

Regular (voting)

Retired Professional (voting)*

Associate (voting)

Student (non-voting)*

Contributor (voting)

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 | |

Note: The above information will be automatically processed to ensure your receipt of services from ICOM and will also be transmitted to third parties (i.e. 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.

I do not wish my personal data transmitted via the Internet.

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 _____

November 2006

If an application for membership of ICOM is rejected by the National Committee, the applicant may seek review of the decision by the Executive Council (*ICOM Statutes*, Article 7).