



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Countries with a National Committee

INTERNATIONAL COUNCIL OF MUSEUMS
CONSEIL INTERNATIONAL DES MUSEES

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<http://icom.museum>

This form is to be completed (please write LEGIBLY) and
returned to your National Committee

Surname: 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.

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).

Language for correspondence: (tick one)	<input type="checkbox"/> English	<input type="checkbox"/> French
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Language for publications: (tick one)	<input type="checkbox"/> English	<input type="checkbox"/> French	<input type="checkbox"/> Spanish
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Please indicate your specialisation (tick maximum 4):

- | | |
|---|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Library/Archives |
| <input type="checkbox"/> Audio-visual | <input type="checkbox"/> Management/Administration |
| <input type="checkbox"/> Cataloging & Inventory | <input type="checkbox"/> Marketing & Public Relations |
| <input type="checkbox"/> Climate Control | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Collections Management | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Research |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Design/Installation | <input type="checkbox"/> Security |
| <input type="checkbox"/> Education | <input type="checkbox"/> Training of Personnel |
| <input type="checkbox"/> Exhibition Management | <input type="checkbox"/> Visitor Services |

Please indicate the type of museum/institution where you are employed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Money & Banking |
| <input type="checkbox"/> Applied Arts | <input type="checkbox"/> Historic House | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> History | <input type="checkbox"/> Natural History |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Industrial Heritage | <input type="checkbox"/> Open-air |
| <input type="checkbox"/> Costume | <input type="checkbox"/> Literature | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Decorative Arts | <input type="checkbox"/> Maritime | <input type="checkbox"/> Regional/Local |
| <input type="checkbox"/> Ecomuseum | <input type="checkbox"/> Medicine | <input type="checkbox"/> Science & Technology |
| <input type="checkbox"/> Education | <input type="checkbox"/> Military History | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Ethnology/Ethnography | <input type="checkbox"/> Modern & Contemporary Art | <input type="checkbox"/> Transport & Communications |
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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** _____