

INSTITUTIONAL 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

Name of institution in your language:

Name of institution in English (if available):

Date of establishment:

Mailing address:		
City:	Postal code:	Country:
Tel.: (Please indicate country & area code)	Fax:	
Email:		
Institution's Web Site:		

Name of your museum/institution's Director:

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

Category of membership:

- | | |
|---|--|
| <input type="checkbox"/> Regular A (voting) = from 1 to 5 salaried personnel | <input type="checkbox"/> Sustaining (voting) |
| <input type="checkbox"/> Regular B (voting) = from 6 to 20 salaried personnel | <input type="checkbox"/> Contributing (voting) |
| <input type="checkbox"/> Regular C (voting) = more than 20 salaried personnel | <input type="checkbox"/> Supporting (non-voting) |

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.

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: English French **(tick one)**

Language for publications: English French Spanish **(tick one)**

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 | |

B. GOVERNING STATUS:

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

C. TYPE OF MUSEUM:

- | | |
|---|---|
| <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 | <input type="checkbox"/> Natural History |
| <input type="checkbox"/> Ecomuseum | <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 |

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 (ie. buying and selling for profit) in the field of cultural property and accepts the ICOM Code of Ethics for Museums.

DATE : _____

SIGNATURE : _____