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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*

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Title: **Mr/Mrs/Ms/Prof/Dr**  
 (Please circle your answer)

Gender: **Female/Male**  
 (Please circle your answer)

Date of birth: \_\_\_\_\_  
 (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 (DEMHIST)   | 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:** \_\_\_\_\_

**Note:** the above information will be automatically processed to ensure your receipt of services from ICOM and may be transmitted to third parties. 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.

Tick the appropriate box:

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: \_\_\_\_\_