



## INSTITUTIONAL MEMBERSHIP APPLICATION FORM

Countries with a National Committee

Tel. + 33 (0) 1 47 34 05 00  
Fax + 33 (0) 1 43 06 78 62  
Email: [secretariat@icom.museum](mailto:secretariat@icom.museum)  
<http://icom.museum>

This form is to be completed (PLEASE WRITE LEGIBLY)  
and  
returned to your National Committee

---

Name of institution in English (required):

---

Name of institution in your language (optional):

---

Date of establishment:

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

---

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 I (voting) = operating budget* < €30.000                      | <input type="checkbox"/> Sustaining (voting)     |
| <input type="checkbox"/> Regular II (voting) = operating budget* from €30.000 to €100.000      | <input type="checkbox"/> Contributing (voting)   |
| <input type="checkbox"/> Regular III (voting) = operating budget* from €100.000 to €1.000.000  | <input type="checkbox"/> Supporting (non-voting) |
| <input type="checkbox"/> Regular IV (voting) = operating budget* from €1.000.000 to €5.000.000 |  |
| <input type="checkbox"/> Regular V (voting) = operating budget* from €5.000.000 to €10.000.000 |  |
| <input type="checkbox"/> Regular VI (voting) = operating budget* > €10.000.000                 |  |

\* The operating budget concerns the whole expenses of the institution, excepting capital expenditures.

---

**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.

Language for correspondence: (tick one)

English

French

Spanish

Please tick the categories which apply to your institution:

**A. CATEGORY OF INSTITUTION:**

Botanical Garden

Conservation Institute

Cultural Centre

Exhibition Gallery

Library/Archives

Museum

Natural Park/Animal Reserve

Research/Training Institute

Zoological Garden/Aquarium

**OTHER (please specify):**

**B. GOVERNING STATUS:**

Association

County

Foundation/Society

Municipal

National

Private

Provincial

Regional

University

**OTHER (please specify):**

**C. TYPE OF COLLECTION:**

Agriculture/Rural Heritage

Applied Arts

Archaeology

Architecture

Children's Museum

Costume

Decorative Arts / Design

Eco museum

Education

Ethnology/Ethnography

Fine Arts

Historic House

History

Industrial Heritage

Literature

Maritime

Medicine

Military History

Modern & Contemporary Art

Money & Banking

Musical Instruments

Natural History

Open-air

Performing Arts

Photography

Regional/Local

Science & Technology

Sculpture

Sports

Transport & Communications

**OTHER : (please specify)**

**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.

\*\*\*\*\*

**Please complete, date and sign the following declaration:**

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

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

November 2010