



INTERNATIONAL COUNCIL OF MUSEUMS
CONSEIL INTERNATIONAL DES MUSEES

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 English (required):

Name of institution in your language (optional):

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:

- Regular A (voting) = from 1 to 5 salaried personnel
- Regular B (voting) = from 6 to 20 salaried personnel
- Regular C (voting) = more than 20 salaried personnel

- Sustaining (voting)
 - Contributing (voting)
 - 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: (tick one)

English

French

Language for publications: (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

Eco museum

Education

Ethnology/Ethnography

Fine Arts

Historic House

History

Industrial Heritage

Literature

OTHER : (please specify)

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

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

DATE : _____

SIGNATURE : _____ Nov. 2006