Application Form

INTERNATIONAL COMMITTEE MEMBERSHIP
FOR INDIVIDUAL MEMBERS AND INSTITUTION REPRESENTATIVES

If you wish to become a member of an International Committee with full voting rights
Please complete and return this application form to:

ICOM Secretariat
Maison de l'UNESCO - 1, rue Miollis - 75732 Paris Cedex 15 - France
Tel.: +33 (0)1 47 34 05 00 - Fax: +33 (0)1 43 06 05 54
Email: secretariat@icom.museum - https://icom.museum/en/

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 (ICMEMO) University Museums (UMAC)
Education & Cultural Action (CECA) Modern Art (CIMAM)
Egyptology (CIPEG) Money & Banking Museums (ICOMON)

Committee Chosen: [ONE ONLY]

Surname: Mr/Mrs/Miss/Ms/Dr/Prof First Name: ____________________________

ICOM Card Number: ____________________________

I am: □ An Individual ICOM Member
□ Representing an Institutional ICOM Member
→ Institution's Name: ____________________________

Position: ____________________________

Specialisation/collection: ____________________________

Professional Address: ____________________________

______________________________

______________________________

City: ____________________________ Zip Code: ____________________________

Country: ____________________________

Tel: ____________________________

(Please indicate country and area code)

Fax: ____________________________

Email: ____________________________

Web site: ____________________________

Mailing Address (if different from above): ____________________________

______________________________

______________________________

City: ____________________________ Zip Code: ____________________________

Country: ____________________________

Tel: ____________________________

(Please indicate country and area code)

Fax: ____________________________

Email: ____________________________

Web: ____________________________

Date: ____________________________ Signature: ____________________________