

Institutional Membership

OUR OFFICE HAS MOVED! Please make a note of our new address (other information stays the same). Complete this form and enter information EXACTLY as it should appear in our listings. If filling out by hand, please TYPE OR PRINT CLEARLY. Send completed form to ICOM-US via: ■ **E-mail:** icomus@icom.museum ■ **Fax:** + 1 (0) 202 833 3636 ■ **Mail:** 1000 Potomac Street, NW • Suite 108 • Washington, DC 20007 • USA **Questions?** Visit <http://network.icom.museum/icom-us> or call + 1 (0) 202 452 1200

Name of institution in English (required) _____
 Name of institution in your language (optional) _____
 Date of establishment (dd/mm/yy) ____/____/____ Website _____
 Name of your museum director _____
 Mailing address _____
 City _____ State/Province _____ Postal code _____ Country _____
 Telephone _____ Fax _____ E-mail _____
Primary Contact (person to receive our correspondence) name & position _____

Representatives*	Representative 1	Representative 2	Representative 3
Name:	_____	_____	_____
Position:	_____	_____	_____
E-mail:	_____	_____	_____
Telephone:	_____	_____	_____
Intl. Committee:	_____	_____	_____

*Institutions can appoint representatives as Voting Members for International Committees. The same individual can be appointed to three different International Committees, or three different representatives can be appointed to one of up to three International Committees. These representatives may also choose to receive information, without being voting members, from up to three (3) International Committees. To learn more about International Committee membership and its benefits, please contact the ICOM Secretariat (tito.chan@icom.museum).

Please Tick the Categories Which Apply to Your Institution:

A. CATEGORY OF INSTITUTION

Botanical Garden Museum
 Conservation Institute Natural Park/Animal Reserve
 Cultural Centre Research/Training Institute
 Exhibition Gallery Zoological Garden/Aquarium
 Library/Archives OTHER: _____

B. GOVERNING STATUS

Association Private
 County Provincial
 Foundation/Society Regional
 Municipal University
 National OTHER: _____

C. TYPE OF COLLECTION

Agriculture/Rural Heritage Maritime
 Applied Arts Medicine
 Archaeology Military History
 Architecture Modern & Contemporary Art
 Children's Museum Money & Banking
 Costume Musical Instruments
 Decorative Arts / Design Natural History
 Eco museum Open-air
 Education Performing Arts
 Ethnology/Ethnography Photography
 Fine Arts Regional/Local
 Historic House Science & Technology
 History Sculpture
 Industrial Heritage Sports
 Literature Transport & Communications
 OTHER: _____

Language for Correspondence (tick one): English French Spanish

Category of Membership	ANNUAL DUES ¹	OPERATING BUDGET ²
<input type="checkbox"/> Regular I (voting)	\$500	< €30.000
<input type="checkbox"/> Regular II (voting)	\$600	€30.000 to €100.000
<input type="checkbox"/> Regular III (voting)	\$900	€100.000 to €1.000.000
<input type="checkbox"/> Regular IV (voting)	\$1,000	€1.000.000 to €5.000.000
<input type="checkbox"/> Regular V (voting)	\$1,250	€5.000.000 to €10.000.000
<input type="checkbox"/> Regular VI (voting)	\$1,500	> €10.000.000
<input type="checkbox"/> Sustaining (voting)	\$3,500	—

1. ICOM-US membership is ANNUAL and runs from **Jan. 1 to Dec. 31** of the year in which dues are paid. New memberships received after Sep. 30 will become effective as from Jan. 1 of the following year unless otherwise indicated.
 2. The operating budget concerns the whole expenses of the institution, excepting capital expenditures.

NOTE: The above information will be automatically processed to ensure your receipt of services from ICOM and will also be transmitted to 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-US.

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: _____