

2019

APPLICATION FOR Individual Membership

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

THE U.S. NATIONAL COMMITTEE OF THE INTERNATIONAL COUNCIL OF MUSEUMS

PLEASE NOTE: Approval process can take up to 6–9 weeks to be accepted and receive materials. **Questions?** Visit <http://icomus.org> or call +1 (0) (202) 452-1200

First (Given) Name _____ Last (Family) Name _____
 Salutation (Mr., Ms., Dr., Prof., etc.) _____ • Gender: Male Female • Language for correspondence (tick one): English French Spanish

How did you hear about us? (tick one box at right and describe below): Another Organization Referred by a Friend/Colleague Social Media Other
 I learned about ICOM from: _____

Your Institution (or the last institution where you worked) / To be used as main contact information: Yes No

Name of institution/museum (Professional affiliation must be in the U.S.) _____
 Date of establishment (dd/mm/yy) ____/____/____ Website _____
 Occupational Title/Position _____
 Mailing address _____
 City _____ State/Province _____ Postal code _____ Country _____
 Telephone _____ Fax _____ E-mail _____

Personal Information / To be used as main contact information: Yes No

Mailing address _____
 City _____ State/Province _____ Postal code _____ Country _____
 Telephone _____ Fax _____ E-mail _____

Membership Categories* and Annual Dues (in U.S. Dollars)

INDIVIDUAL (For museum professionals and those in related non-profit fields only)

- Regular¹ \$135
- Associate \$250
- Retired \$75
- Student² \$60

SUPPORTING (Open to non-museum professionals; non-voting)

- Individual \$500

***PLEASE NOTE: A Curriculum Vitae (CV)/résumé or business card is required for ALL new membership applications (proof of professional affiliation).**

ICOM membership is ANNUAL and runs from **January 1 to December 31** of the year in which dues are paid. New memberships received after September 15 will become effective as from January 1 of the following year unless otherwise indicated.

“Membership in ICOM shall not be available to any person or institution (including its employees) which trades (buys or sells for profit) cultural property including works of art, natural and scientific specimens, taking into consideration national legislations and international conventions. This disqualification applies to list persons or institutions engaged in an activity which could cause a conflict of interest.”

1. Docents/volunteers must be active. Copy of badge or letter from museum/facility confirming current active museum/facility position is required.
2. Students must include a copy of a valid student ID. Only those in museum studies or related programs are eligible.

If you wish to become a member of an ICOM International Committee (IC) with full voting rights, please choose ONE (only one) from the following:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> AVICOM . . . Audiovisual & New Technologies | <input type="checkbox"/> COSTUME . Costume | <input type="checkbox"/> ICMAH . . . Archaeology & History | <input type="checkbox"/> ICOMON. . . Money & Banking Museums |
| <input type="checkbox"/> CAMOC . . . Museums of Cities | <input type="checkbox"/> DEMHIST . . Historic House Museums | <input type="checkbox"/> ICME Ethnography | <input type="checkbox"/> ICR. Regional Museums |
| <input type="checkbox"/> CECA Education & Cultural Action | <input type="checkbox"/> GLASS Glass | <input type="checkbox"/> ICMEMO . . Memorial Museums in Remembrance of the Victims of Public Crimes | <input type="checkbox"/> ICTOP Training of Personnel |
| <input type="checkbox"/> CIDOC Documentation | <input type="checkbox"/> ICAMT Architecture & Museum Techniques | <input type="checkbox"/> ICMS Museum Security | <input type="checkbox"/> MPR. Marketing & Public Relations |
| <input type="checkbox"/> CIMCIM . . . Musical Instruments | <input type="checkbox"/> ICDAD Decorative Arts & Design | <input type="checkbox"/> ICOFOM . . . Museology | <input type="checkbox"/> NATHIST . . Natural History |
| <input type="checkbox"/> CIMUSET . . Science & Technology | <input type="checkbox"/> ICEE Exhibition Exchange | <input type="checkbox"/> ICOM-CC . . Conservation | <input type="checkbox"/> UMAC University Museums & Collections |
| <input type="checkbox"/> CIPEG. Egyptology | <input type="checkbox"/> ICFA Fine Arts | <input type="checkbox"/> ICOMAM . . Arms & Military History | |
| <input type="checkbox"/> COMCOL . . Collecting | <input type="checkbox"/> ICLM Literary Museums | | |

You may indicate up to three other ICs where you wish to participate (non voting): 1. _____ 2. _____ 3. _____

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.

- 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 _____

TOTAL PAYMENT

All memberships must be prepaid. Return this form with a check payable to ICOM.
 Membership Dues . . \$ _____
 Contribution \$ _____
 Total Amount \$ _____