



INSTITUTIONAL MEMBERSHIP APPLICATION FORM

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E-mail: membership@icom.museum

<http://icom.museum>

Please complete legibly and return to your National Committee

<http://icom.museum/the-committees/national-committees>

Name of institution in English (required): _____

Name of institution in your language : _____

Date of establishment (dd/mm/yy): _____

Website: _____

Name of your Museum Director: _____

Institution contact details

Mailing address : _____

Postal code : _____

E-mail: _____

City: _____

Telephone: _____

Country : _____

Fax: _____

Institution Designated Representatives and ICOM International Committee Memberships

Institutions can designate up to three of its employees, called *designated representatives*, to represent them on International Committees. This means that an institution may choose a Committee, and designate three representatives to this Committee. Or, the institution may choose three different International Committees, and designate the same or different representatives to these Committees.

For more information on the ICOM International Committees, please see

<http://icom.museum/the-committees/international-committees>

Representative 1:

First Name and Last Name : Mr/Mrs/Ms/Prof/Dr _____

Position: _____

E-mail: _____

Telephone: _____

International Committee: _____

Representative 2:

First Name and Last Name : Mr/Mrs/Ms/Prof/Dr _____

Position: _____

E-mail: _____

Telephone: _____

International Committee: _____

Representative 3:

First Name and Last Name : Mr/Mrs/Ms/Prof/Dr _____

Position: _____

E-mail: _____

Telephone: _____

International Committee: _____

Language for correspondence: (tick one) English

French

Spanish

Category of membership (based on the annual operating budget of the institution, less capital expenditures):

- Regular I (voting) < €30.000
- Regular II (voting) from €30.000 to €100.000
- Regular III (voting) from €100.000 to €1.000.000
- Regular IV (voting) from €1.000.000 to €5.000.000
- Regular V (voting) from €5.000.000 to €10.000.000
- Regular VI (voting) > €10.000.000
- Sustaining (voting)
- Contributing (voting)
- Supporting (non-voting)

Membership is annual and runs from January 1 to December 31 of the year.

Please tick the classification which apply to your institution:

A. CATEGORY OF INSTITUTION:

- | | |
|--|--|
| <input type="checkbox"/> Archives with Special Collections | <input type="checkbox"/> Museum Service Companies and Consultants |
| <input type="checkbox"/> Botanical Garden | <input type="checkbox"/> Natural Park |
| <input type="checkbox"/> Conservation Institute | <input type="checkbox"/> Other Cultural Institutions/Centers |
| <input type="checkbox"/> Corporate Collections | <input type="checkbox"/> Places of Worship |
| <input type="checkbox"/> Exhibition Gallery | <input type="checkbox"/> Professional Association/Federation |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Research/Training Institute in Museum Studies |
| <input type="checkbox"/> Library with Special Collections | <input type="checkbox"/> Zoo /Animal Reserve |
| <input type="checkbox"/> Monuments and Sites | <u>OTHERS (please specify):</u> |
| <input type="checkbox"/> Museum | |

B. GOVERNING BODY:

- | | |
|---|--|
| <input type="checkbox"/> Association | <input type="checkbox"/> National |
| <input type="checkbox"/> City or Municipal | <input type="checkbox"/> Private |
| <input type="checkbox"/> Foundation, Society, Trust | <input type="checkbox"/> Region or Local |
| <input type="checkbox"/> International Organisation | <input type="checkbox"/> University |
| | <u>OTHERS (please specify):</u> |

C. TYPE OF COLLECTION:

- | | |
|---|--|
| <input type="checkbox"/> Agriculture/Rural Heritage | <input type="checkbox"/> Military History |
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Modern/Contemporary Art |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Money or Bank Museum |
| <input type="checkbox"/> Audiovisual and Digital Art | <input type="checkbox"/> Music |
| <input type="checkbox"/> Children's Museum | <input type="checkbox"/> Natural Sciences |
| <input type="checkbox"/> Decorative and Applied Arts and Design | <input type="checkbox"/> Open Air |
| <input type="checkbox"/> Egyptology | <input type="checkbox"/> Paintings and Graphic Arts |
| <input type="checkbox"/> Ethnology/Ethnography | <input type="checkbox"/> Performing Arts |
| <input type="checkbox"/> Glass and Ceramics | <input type="checkbox"/> Photography and Film |
| <input type="checkbox"/> Historic Houses and Gardens | <input type="checkbox"/> Prehistory |
| <input type="checkbox"/> History | <input type="checkbox"/> Science and Technology |
| <input type="checkbox"/> Human Rights | <input type="checkbox"/> Sculpture |
| <input type="checkbox"/> Industrial Heritage | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Literature | <input type="checkbox"/> Textiles, Costume and Accessories |
| <input type="checkbox"/> Maritime | <input type="checkbox"/> Transport and Communications |
| <input type="checkbox"/> Medicine, Health and Hygiene | <u>OTHERS (please specify):</u> |

Note: The above information will be automatically processed to ensure your receipt of services from ICOM. 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, _____, 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: _____