



Application Form

INTERNATIONAL COMMITTEE

MEMBERSHIP

(August 2011)

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 - <http://icom.museum/internationals.html>

| | | |
|--|------------------------------------|--------------------------------|
| 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 (IC MEMO) | 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: _____