

2019

APPLICATION FOR

Individual Membership Renewal

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 www.icomus.org or call +1 (0) (202) 452-1200

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

First (Given) Name _____ Last (Family) Name _____

Your ICOM Membership Number (from member card) _____

New Contact Information (if changed from 2018)

Salutation (Mr/Ms/Dr/Prof/etc.) _____ First (Given) Name _____ Last (Family) Name _____

Occupational Title/Position _____

Institution/Museum (**Professional affiliation must be in the U.S.**) _____

■ **Work Address** _____

City _____ State/Province _____ Postal code _____ Country _____

Telephone _____ Fax _____ E-mail (required) _____

■ **Mailing Address** (if different from work) _____

City _____ State/Province _____ Postal code _____ Country _____

Select a 2019 Membership Category* (annual dues are 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 (C.V./résumé or business card is required for anyone changing membership categories.**

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. Letter from museum/facility confirming current active museum/facility position required upon renewal every year.

2. Students must include a copy of a valid student ID. Only those in museum studies or related programs are eligible.

Select a New International Committee (IC) for 2019. If you wish to change your IC membership, please indicate your principal IC (as a voting member) and the other ICs where you would like to participate (non voting). **Important: If you do not select a new IC, your current IC membership(s) will renew automatically. Choose one (1) primary IC from the options listed below:**

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

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

2019 Total Payment. All memberships must be prepaid. You will be prompted to an online payment facility. If you prefer to pay by check, please return this form with a check payable to ICOM.

2018 Membership \$ _____
 Dues: Additional \$ _____
 Contribution: Total \$ _____
 Amount: