

INDIVIDUAL WORKING IN OR FOR MUSEUMS

Membership period: fixed from 1 January – 31 December each year. Pro rata membership is not available.

If you wish to change categories this year please contact the Secretariat on (02) 6230 0346 to confirm your eligibility.

BASIC DETAILS

Title	
Last Name/s	
First Name/s	
Date of Birth (DD/MM/YYYY)	
Gender	
ICOM number	

EMPLOYER/INSTITUTION DETAILS

Position title	
Employment type	
Name of institution where employed	
Street address	
Suburb or town	
State or territory	
Postcode	
Work email	
Work landline	
Work mobile	

PERSONAL CONTACT DETAILS

<i>Stickers go to this address each year – please update – otherwise your sticker may not reach you</i>	
Street address/PO Box	
Suburb or town	
State or Territory	
Postcode	
Email	
Landline	
Mobile	

PREFERRED EMAIL FOR CORRESPONDENCE	
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MANDATORY DECLARATION By providing this information and paying the membership fee, you assure ICOM that you are not a person:

- that trades (i.e. buys or sells for profit) cultural property - including works of art and natural and scientific specimens - taking national laws and international conventions into consideration
- who would engage in an activity that conflicts with ICOM's ethical standards (see <http://icom.museum/ethics.html>).

INTERNATIONAL COMMITTEE YOU WISH TO JOIN:

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For a list of current international committees see <http://icom.museum/the-committees/international-committees/>.

PAYMENT

Please note: ICOM is not registered for GST and prices given do not include GST and payments are processed by Museums Galleries Australia

	Cost of subscription	Cost of subscription with MGA discount
Regular Individual:	\$154.00	\$146.30
ICOM Australia and Museums Galleries Australia offer a 5 % discount for reciprocal membership. Use MGA membership number to claim discount. Museums Galleries Australia Membership no: _____		
Payment calculation:	Membership fee	\$ _____
	Donation	\$ _____
	Total payment	\$ _____

Method of payment

EFT (electronic funds transfer from bank account)

BSB: 062 900 A/C number: 10216161
 A/C Name: Museums Australia

Reference: _____

Please use: ICOM [your surname] [your ICOM number] with no spaces - for example ICOMSMITH22233

Cheque

Payable to: ICOM Australia
 Send with form to: ICOM Australia PO Box 24, WEST DEAKIN ACT 2600

Credit card Name on card: _____

Credit Card number: _____ Expiry: _____

Signature: _____

WHAT TO DO WITH THE FORM

Mail as hard copy to: ICOM Australia, PO Box 24, WEST DEAKIN ACT 2600

Email scans of the form and other documents: info@icom.org.au

For telephone enquiries: (02) 6230 0346

For the statutes which govern ICOM's membership program:

http://icom.museum/fileadmin/user_upload/pdf/Statuts/2017_ICOM_Statutes_EN.pdf

For policies governing the collection, use and disclosure of members' personal information:

www.icom.org.au/policiesprivacy.php