

INSTITUTIONS

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

Institution name			
Director/CEO name and title			
Name/position of contact person			
Contact person	Email:	Landline:	Mobile:

INSTITUTION DETAILS

Institution's street address
Suburb
State or territory
Postcode
Institution's postal address (if different from above)
PO Box
Suburb or town
State or territory
Postcode
Institution's web address
Date of institution's establishment
ICOM number

PREFERRED EMAIL FOR CORRESPONDENCE

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>).

Institutional membership categories and fees

Category 1. (budget < \$50k) (voting)	AUD \$ 425	<input type="checkbox"/>
Category 2. (budget \$50k-\$160k) (voting)	AUD \$ 578	<input type="checkbox"/>
Category 3. (budget \$160k-\$1.6m) (voting)	AUD \$ 758	<input type="checkbox"/>
Category 4. (budget \$1.6m-\$8m) (voting)	AUD \$1210	<input type="checkbox"/>
Category 5. (budget \$8m-\$16m) (voting)	AUD \$1430	<input type="checkbox"/>
Category 6. (budget > \$16m) (voting)	AUD \$1760	<input type="checkbox"/>

PAYMENT

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

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