

**INDIVIDUAL SUPPORTING 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 (Australian Museums and Galleries Association) 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	

**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	

<b>PREFERRED EMAIL FOR CORRESPONDENCE</b>	
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<p><b>MANDATORY DECLARATION</b> <i>By providing this information and paying the membership fee, you assure ICOM that you are not a person:</i></p> <ul style="list-style-type: none"> <li><i>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</i></li> <li><i>who would engage in an activity that conflicts with ICOM's ethical standards (see <a href="http://icom.museum/ethics.html">http://icom.museum/ethics.html</a>).</i></li> </ul>
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<p><b>INTERNATIONAL COMMITTEE YOU WISH TO JOIN:</b></p> <p>.....</p> <p>For a list of current international committees see <a href="http://icom.museum/the-committees/international-committees/">http://icom.museum/the-committees/international-committees/</a>.</p>
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**PAYMENT**

*Please note: ICOM is not registered for GST and prices given do not include GST. Payments are processed by the Secretariat: Australian Museums and Galleries Association (AMaGA)*

**Cost of subscription**

Regular Individual: \$440.00

**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: Australian Museums and Galleries Association

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](mailto: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](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](http://www.icom.org.au/policiesprivacy.php)