

**ICAHM MEMBERSHIP APPLICATION**

Members of ICAHM and individuals who wish to join or continue as members should complete the membership form and send via email to executive@icahm.icomos.org.

***Basic Information***

Last Name:

First Name:

Home Address:

City:

State / Country:

Zip / Postal code:

Country code and phone number: …… - ………………….

Email address:

***Job and Affiliation***

Title:

Institutional Affiliation:

Institutional Address:

City:

State / Country:

Zip / Postal code:

Institutional Country Code and Phone number: …… - ………………….

Highest Degree of Education:

***Membership***

1. Are you currently a member of ICOMOS? **YES NO**

ICOMOS Membership Country:

2. I wish to be considered for the following level of membership:

 Expert member (qualified member of ICOMOS)

 Associate member (nonexpert member of ICOMOS)

 Affiliate member (non-ICOMOS member)

 Institutional memeber

***Heritage Management Acitvities***

|  |  |
| --- | --- |
| Most recent position held: | Date: |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
| --- | --- |
| Most recent fieldwork: | Date: |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
| --- | --- |
| Major Publications/Reports: | Date: |
| 1. |  |
| 2. |  |
| 3. |  |

***ICAHM Paricipation***

I intend to particpate in the acitvites of ICAHM by doing the following (e.g., attending ICAHM-sponsored conference proceedings, helping to host a conference, assisting with the operation of ICAHM, nominating for an executive office etc.)

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Signature Date

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