

**ICAHM MEMBERSHIP APPLICATION**

Individuals who wish to join ICAHM should complete this membership form and send via email to [matthew.whincop@icahm.icomos.org](mailto:matthew.whincop@icahm.icomos.org) along with yoru CV and proof of current ICOMOS membership.

***Basic Information***

Last Name:

First Name:

Home Address:

City:

State / Country:

Zip / Postal code:

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

Email address:

***Current Position/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:

You must be a member of ICOMOS to join ICAHM – please attach proof of ICOMOS membership.

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

Expert member (experienced in archaeological heritage management)

Associate member (nonexpert member)

Institutional member

***Archaeological Heritage Management Experience***

|  |  |
| --- | --- |
| 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)

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Signature Date

…………………………………….. ……………………