

**ICAHM MEMBERSHIP APPLICATION**

Individuals who wish to join ICAHM should complete this membership form and send via email to cynthia.dunning@archaeoconcept.com along with your CV and proof of current ICOMOS membership (e.g. scan of ICOMOS card).

You should also send a copy of the completed membership form to your ICOMOS National Committee for information (where none exists the copy should be sent to the ICOMOS International Secretariat).

**Personal 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:

ICOMOS Membership No:

You must be a member of ICOMOS to join ICAHM – please attach proof of ICOMOS membership (e.g. scan of ICOMOS card).

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 Participation**

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).

……………………………………………………………………………………………………………………………………………………………………………….

Please acknowledge that you consent to your name and country affiliation being listed on the ICAHM website YES □ No □

Signature Date

By joining ICAHM, I have read and adhere to the ICOMOS Ethical Principles and accept the ICOMOS Privacy Policy.

□ I accept that ICAHM sends me electronic communications about its activities and of professional interest, in accordance with the ICOMOS Privacy Policy.