**MEMBERSHIP APPLICATION FORM**

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| Name: |  |
| Occupation: |  |
| Nationality: |  | Date of Birth: |  |
| Address 1: |  |
| Address 2: |  |
| County: |  | Postal Code: |  |
| Email: |  |
| Tel :  |  |
| 'Proposer'\* |  |
| 'Seconder'\* |  |

*\* Not required for Student / Associate Membership. If you do not know a current ICOMOS member, we welcome your application, though you may be required to provide further information.*

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I confirm that I have read, understood and commit to the ethical statement

I would like to apply for the following category of membership:

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Individual Member : Student/Associate:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form together with the following information

to *icomos.ireland.membership@gmail.com*:

 - your CV detailing your professional qualifications and highlighting relevant experience

 - A personal statement on your interest and relevant professional experience which has conservation of cultural heritage, ICOMOS charters, doctrinal texts and principals as a focus,

 - A brief (50 – 100 words) statement from one of your nominators supporting your application *(For full Individual Membership)*

*Haut du formulaire*

*Bas du formulaire*

*Please note: Upon approval of your membership, the annual subscription is due on the 15th October each year. A reduced fee applies for 'Young Professional' members aged 30 or under, or currently unwaged members.*