



INTERNATIONAL COUNCIL ON MONUMENTS AND SITES

International Committee
on
Intangible Cultural Heritage

ICICH

MEMBERSHIP FORM

A. Personal Information

Last Name:	First Names:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
Telephone:	Mobile:
E-mail:	Fax:

B. Professional Information

Field/s of Specialisation: <input type="checkbox"/> Anthropology <input type="checkbox"/> Archaeology <input type="checkbox"/> Architecture <input type="checkbox"/> Geography <input type="checkbox"/> History <input type="checkbox"/> Law <input type="checkbox"/> Museology <input type="checkbox"/> Oral History <input type="checkbox"/> Site Management <input type="checkbox"/> Other - Describe:
ICOMOS Missions (year, place/site and purpose):
Other Relevant Missions (year, place/site and purpose):
Current Employer & Position:
Qualifications:

C. Professional Work Demonstrating Experience in Intangible Cultural Heritage

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D. Other Information

ICOMOS National Committee Membership (country):	Membership Number:
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ICOMOS International Committees of which you are a member:	
Languages Spoken:	English: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
	French: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
	Spanish: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Other Language 1:	: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
Other Language 2:	: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Date (dd/mm/yy):	Signature:
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Please submit the filled form along with your Curriculum Vitae by e-mail to the Membership Secretary of ICICH

Corinne FOREST
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