



## MEMBERSHIP FORM

<b>PERSONAL DETAILS</b>	
<b>TITLE:</b>	
<b>NAME:</b>	
<b>SURNAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	
<b>MOBILE:</b>	
<b>EMAIL ADDRESS:</b>	

<b>QUALIFICATIONS AND EXPERIENCE</b>	
<b>QUALIFICATIONS:</b>	
<b>PROFESSIONAL EXPERIENCE:</b>	
<b>SPECIAL INTERESTS:</b>	

<b>MEMBERSHIP CATEGORY</b>	<b>Fee</b>	<b>Tick Required Membership</b>
<b>INDIVIDUAL</b>	€60	
<b>YOUNG PROFESSIONAL (UNDER 30)*</b>	€30	
<b>INSTITUTIONAL MEMBERSHIP</b>	€360	

\*Proof of age required

### **Method of Payment**

Please pay by bank transfer on the ICOMOS (Malta) bank account:

Bank of Valletta account IBAN: MT17VALL22013000000010215839014

Bank of Valletta account number: 10215839014

Payment can also be done via Revolut.

By signing, I accept that ICOMOS (Malta) may send electronic communications of professional interest and about its activities, in accordance with ICOMOS Privacy Policy. Your information will not be shared with third parties, except with ICOMOS International and those needed to process and maintain your membership.

By joining ICOMOS (Malta), I have read and agree to adhere to the ICOMOS Ethical Principles<sup>1</sup> and accept the ICOMOS Privacy Policy<sup>2</sup>.

<b>SIGNATURE</b>	<b>DATE</b>

<sup>1</sup> [https://www.icomos.org/images/DOCUMENTS/Secretariat/2015/GA\\_2014\\_results/20150114-ethics-asadopted-languagecheck-finalcirc.pdf](https://www.icomos.org/images/DOCUMENTS/Secretariat/2015/GA_2014_results/20150114-ethics-asadopted-languagecheck-finalcirc.pdf)

<sup>2</sup> [https://www.icomos.org/images/DOCUMENTS/Secretariat/PRIVACY\\_POLICY/ICOMOS\\_Privacy\\_Policy\\_03072018.pdf](https://www.icomos.org/images/DOCUMENTS/Secretariat/PRIVACY_POLICY/ICOMOS_Privacy_Policy_03072018.pdf)