



MEMBERSHIP FORM

PERSONAL DETAILS	
TITLE:	
NAME:	
SURNAME:	
DATE OF BIRTH:	
ADDRESS:	
MOBILE:	
EMAIL ADDRESS:	

QUALIFICATIONS AND EXPERIENCE	
QUALIFICATIONS:	
PROFESSIONAL EXPERIENCE:	
SPECIAL INTERESTS:	

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

*Proof of age required

Vetting of Application Forms

The filled in application form will be vetted by the ICOMOS Malta Executive Committee. Upon approval of the application form the preferred method of payment and fees due will be communicated to the applicant.

Privacy Policy

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.

Declaration

By joining ICOMOS (Malta) and signing this application form, I declare that I have read and agree to adhere to the ICOMOS Ethical Principles¹ and accept the ICOMOS Privacy Policy².

SIGNATURE	DATE

¹ https://www.icomos.org/images/DOCUMENTS/Secretariat/2015/GA_2014_results/20150114-ethics-asadopted-languagecheck-finalcirc.pdf

² https://www.icomos.org/images/DOCUMENTS/Secretariat/PRIVACY_POLICY/ICOMOS_Privacy_Policy_03072018.pdf