



Application form for membership

Membership category :

Central archives directorates or national archival institutions, and equivalent bodies of member states of federal or similar countries (Category A)

associations composed of persons or corporate bodies, interested professionally in the administration or preservation of records and archives or in archival training and education (Category B)

Institutions or companies concerned with the administration or preservation of records and archives, or with archival training and education (Category C)

Individuals working in the field of the administration or preservation of records and archives, or of the archival training and education, in the past or present (Category D)

To be sent

by electronic mail to ica@ica.org or

by fax : (+33) 1 42 72 20 65 or

by mail : International Council on Archives, 60 rue des Francs-Bourgeois, 75003 PARIS, France

Ms/Mr* Name: First name:

Function/Profession:.....

Address:.....
.....
.....
.....

Postal code: Town:

State/Province:

Country:

Tel: Fax:

Email: Web:

* Please delete as appropriate



Should you wish to apply for membership in category A, please complete this area

(Category A: Central archives directorates or national archival institutions, and equivalent bodies of member states of federal or similar countries)

Name of the institution:

Type of Institution: National directorate of archives
 National or federal archives (central institution)
 Directorate of archives of a member state of a federal country
 Central archives of a member state of a federal country

Address:.....

Town: Country:

State/Province:

Tel: Fax:

Email:..... Web:.....

Language: English French



Should you wish to apply for membership in category B, please complete this area

(Category B: associations composed of persons or corporate bodies, interested professionally in the administration or preservation of records and archives or in archival training and education)

Name of the association:
.....
.....

Having more than 300 members? YES NO

Type of association: **National** association YES NO

If not, please indicate:

1/Type of association:
.....

2/Field of activity:
.....

Address:
.....
.....

Town: Country:

State/Province:

Tel: Fax:

Email: Web:

Language: English French

