

Please send completed form to [secretariat@canada.icomos.org](mailto:secretariat@canada.icomos.org).

ICOMOS Canada Institutional Membership Registration Form			
<b><u>Institutional Details</u></b>		Membership Type:	<input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus <input type="checkbox"/> Institutional Platinum
Name:			
Contact Person:			
Contact Person Title:			
Position:			
Email:			
Phone Number:			
Website:			
<b><u>Mailing Address</u></b>			
Street Address:		Office/ App:	
City:			
Province/Territory:		Postal Code:	
<b><u>Professional Members</u></b>		<p><i>To be filled out if registering for Institutional Plus or Institutional Platinum levels. Please number of professional memberships requested.</i></p> <p><i>Institutional Plus includes up to 5 professional members.</i></p> <p><i>Institutional Platinum includes up to 8 professional members.</i></p>	
<b>Professional Membership 1</b>			
First Name:		Last Name:	
Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	
<b>Professional Membership 2</b>			
First Name:		Last Name:	

Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	

**Professional Membership 3**

First Name:		Last Name:	
Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	

**Professional Membership 4**

First Name:		Last Name:	
Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	

**Professional Membership 5**

First Name:		Last Name:	
Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	

**Professional Membership 6**

First Name:		Last Name:	
Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	

**Professional Membership 7**

First Name:		Last Name:	
Preferred Language:			

Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	

**Professional Membership 8**

First Name:		Last Name:	
Preferred Language:			
Nationality:		Date of birth:	
Street Address:		Office/App.:	
Province/Territory:		Country:	
Phone Number:		Occupation:	