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| **MEMBERSHIP REGISTRATION FORM** |
| ***PLEASE KINDLY LIMIT YOUR SUMMARY TO 2 PAGES******THANK YOU FOR NOT CHANGING THE FORMAT OF THIS SHEET*** |
| **1. PERSONAL INFORMATION** |  |
| Name: |  |
| Surname: |  |
| Postal address:*(\*according to the national order, street, city,* *province, postal code, country)* |  |
| Contac email address: |  |
| Phone number:  |  |
| **ICOMOS** |  |
| ICOMOS membership:*(Country; inscription number; year)* |  |
| CIVVIH membership category:*(Associate; Expert)* |  |
| CIVVIH membership date: |  |
| Member of other ICOMOS International Scientific Committee(s) (ISC): |  |
| **2. STUDIES**  |  |
| 2.1 Degree: (Architect, Urban Planner, research, …) |  |
| 2.2 Description of field of expertise *(up to 100 words):* |  |

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| Une image contenant texte, ligne, diagramme, blanc  Description générée automatiquement |
|  |
| **3. PROFESSIONAL EXPERIENCE** |  |
| 3.1 Current Professional employment: |  |
| 3.2 Professional experience or mini CV:*(up to 100 words)* |  |
| **4. RESEARCH AND PUBLICATIONS** *(last 5 years)* |  |
| SIGNATURE | DATE |