



International Foundation for Cultural Property Protection

Application for Membership & Member Renewal



Individual Membership
 Institutional Membership
 Associate Membership
 Renewal
 New Member

IFCPP members receive: Access to the IFCPP Web-based Q&A Forum, access to the IFCPP member directory, our quarterly newsletter; special industry announcements and special bulletins (by e-mail, mail, fax); job postings; member-to-member questions and answers; 20% off of all publications; reduced rates at seminars, workshops, conferences and other events and services, and much more. Expect delivery of membership certificate and other material within 10 days of our receipt of this application. Thank you very much for your application.

Name (w/ designations): _____ Title: _____

Note: please list your full name, with designations, as you would like it to appear on the membership certificate.

Institution or Company: _____

Mailing Address: _____ City, State, Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____ Alternate Phone: () _____

Alternate Member Representative (Institutional/Associate only): _____ E-Mail: _____

Type of institution, product, or service provided: _____

Regional Chapter (if applicable): _____

Please tell us a little about your special interests or expertise: _____

I am interested in: Attending the IFCPP Annual Conference
 Contributing written material for the IFCPP newsletter
 Attending the next IFCPP workshop in my region, or
 hosting a workshop in my region
 Learning more about IFCPP Certification Programs (CIPM, CIPS, CIPT, CIPI)

One-Year Individual Dues: \$35	Two-Year Individual Dues: \$65	Three-Year Individual Dues: \$95
One-Year Institutional Dues: \$100	Two-Year Institutional Dues: \$180	Three-Year Institutional Dues: \$255
One-Year Associate Dues: \$150	Two-Year Associate Dues: \$280	Three-Year Associate Dues: \$390

Payment Information (select one): **Total Due: \$**_____ 1) Invoice Me or My Institution: _____ PO # (if applicable): _____

2) Enclosed Check/Money Order #: _____ 3) Visa or Mastercard: _____

Expiration Date: _____ Name on Card: _____ Signature: _____

Annual membership dues become due in **July** of each year. Membership approved before or after the month of July is pro-rated based on the date of approval. Note: Membership list is available to all members. Please let us know if you would like us to keep private your contact information.

For office use only:			
Date received/approved: _____	Payment Received: _____	Dues Expiration: _____	Chapter Return: _____

Send completed application with payment of dues to: IFCPP/1305 Krameria, Ste. H-129/Denver, CO 80220 or fax to: (303) 321-4988. For questions, please call: 800-257-6717/303-322-9667 or e-mail rob@ifcpp.org.