



**EAST ASIAN REGIONAL BRANCH OF
INTERNATIONAL COUNCIL ON ARCHIVES (EASTICA)**

Application Form for Membership

1. Name of the Applicant / Institution _____

2. Category of Membership

Category A (national/territorial archives)

Category B (national associations of archivists)

Category C (institutions conducting archival or archival related activities)

Category D (individual members)

3. Address of the Applicant / Institution _____

Tel _____

Fax _____

E-mail Address _____

4. For Category A, B and C Members only

Date of Establishment _____

Legal Authority under which the Institution Operates _____

Title of Head of Institution _____ Number of Members _____

Give a brief account of the work undertaken by the institution and the reasons for making this application (use separate sheet if necessary).

5. For Category D Member only

Date of Birth _____ Sex _____ Nationality _____

Occupation _____ Current Position _____

Current Employer _____

Briefly account for your working experience with archives and explain why you want to be a member of EASTICA (use separate sheet if necessary).

6. Declaration

I, the undersigned (name) _____ , (position) _____

of (name of institution) _____

request EASTICA to accept the above application and agree to abide by the constitution of EASTICA to promote archival activities and cooperation of members.

Signature _____

Date _____ / _____ / _____

Official Seal/Chop _____
