

Please mail the **signed form** to: **office@ickm.net**

ICKM

**International Council on Knowledge Management**

Attn: ICKM Board

## Application form

Data Protection: Personal data supplied by you will be used only for the purposes of administering ICKM membership. The information provided here is essential to your application. Please complete clearly in **BLOCK CAPITALS**. Thank you.

Surname / Family name .....

First name(s) .....

Position / Degrees .....

Date and location of birth .....

Contact email .....

Please supply an email address where we can contact you if there are any queries about your application.

Contact address

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**Please circle the appropriate category from below you apply for:**

- 1. Regular ICKM membership - you want to become an active member of the ICKM community
- 2. Extra-ordinary ICKM membership - you want to support ICKM through higher membership fees

To be eligible for ICKM membership you must feel committed to the ICKM objectives, and

- either be a physical person of minimal age 21,
- or represent a legal body

I agree to be bound by all the rules and regulations of ICKM I apply for

**Signature** .....

**Date**.....