

All national federations of Friends of museums or group of associations of Friends of museums are eligible to apply for Active Membership of the WFFM.

WFFM Active Members are entitled to:

- send a delegate to report to, and participate in, the annual WFFM Council Meeting and General Assembly Meeting (AGM), and the triennial WFFM Congress
- receive minutes of the WFFM Council Meetings Et AGM, and Congresses' proceedings
- receive WFFM newsletters and other WFFM publications
- participate in the international exchange of information with all WFFM members
- use the WFFM logo on publications
- have one vote on Council

The WFFM encourages Active Members to:

- strengthen and support existing local Friends associations
- promote the formation of new Friends associations
- develop links with similar organizations
- develop a strong national and international voice to represent the needs of their Friends

Following application approval by the WFFM Executive Committee, the Membership Payment Form with the receipt of payment for the annual membership subscription should be sent to the WFFM Treasurer.

**Applicant Details**

Federation | Association name \_\_\_\_\_

Name of President \_\_\_\_\_ Year of Establishment \_\_\_\_\_

Number of Affiliates represented: associations \_\_\_\_\_ persons \_\_\_\_\_

Address \_\_\_\_\_

City/Postcode \_\_\_\_\_ Country \_\_\_\_\_ Telephone \_\_\_\_\_

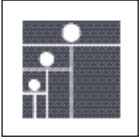
Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

We wish to join the World Federation of Friends of Museums as an Active Member.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete and return this form to the Executive Secretariat together with a copy of your Federation / Association's Statutes / Constitution / Annual Report of activities.

Ms Judit Amselem  
WFFM Executive Secretary  
c/o Israel Museum, P.O. Box 71117  
Jerusalem 91710, Israel  
Tel + 972 2 6708861 - Fax + 972 2 6708993  
ja@imj.org.il



**Applicant Details**

Federation | Association name \_\_\_\_\_

Name of President \_\_\_\_\_ Year of Establishment \_\_\_\_\_

Address \_\_\_\_\_

City/Postcode \_\_\_\_\_ Country \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

**Membership Details**

We wish to join the WFFM as an Active Member.

Annual Active Member subscription (January to December): US\$500

**Payment Details**

Payment can be made by VISA, cheque or money order.

Please make checks or money orders payable to:

WFFM, Royal Bank of Canada - 10 St. Clair Avenue West

Toronto, Ontario M4V 1L4 - Canada

Swift Code: ROYCCAT2 - Bank 003

Account number 400-203-6 | Transit number 06402 (if required)

**VISA Credit Card details**

Card number \_\_\_\_\_ Name on card \_\_\_\_\_

Expiry date \_\_\_\_\_ Signature \_\_\_\_\_

**Please send this form completed, with your payment receipt to:**

Ms Judit Amselem

WFFM Executive Secretary

c/o Israel Museum, P.O. Box 71117

Jerusalem 91710, Israel

Tel + 972 2 6708861 - Fax + 972 2 6708993

ja@imj.org.il