

For additional information, contact Mr Souleymane BAGAYAN, Administrative and Financial Assistant at : sbagayan@gmail.com or wamp@wamponline.org

WAMP
West African Museums Programme

MEMBERSHIP FORM

For institutions and individuals who want to be members of the WAMP network
COMPLETE IN CAPITAL LETTERS

Name: Prof/Dr/Mrs/Ms :

First name (s)

Sex:.....**Date of birth:**.....**Country:**.....

Name of the institution.....**Type of institution**.....

Position:.....**Address:**

City:**Country**

Telephone :.....**Fax**..... **Email**.....

Web Site.....

Preferred language of communication (tick one) French English Portuguese

Preferred language of publication (tick once)

Basic education

Membership in other professional organizations

Membership Category (tick once)

- **Honorary member** **US\$ 100 plus**
- **Institutional member**
 - Public/specialised Museum US\$ 100
 - Private Museum US\$ 75
 - Community Museum US\$ 55
- **Associate member** US\$ 100
- **Individuel member** US\$ 10

I.....**Title**.....declare to be a member of the
WAMP network and agree to pay the membership fees.

Date.....

Signature.....

**NB : The contribution is yearly, covering the period from January 1st to
December 31st of the current year.**