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|  | **Canadian Advisory Committee for Memory of the World****Application Form** |
| **Name:**  |  |
| **Address:** |  |
| **Telephone:** |  | **Telephone (cell):** |  |
| **Primary e-mail:** |  |
| **Organization/association (if applicable):** |  |
| **Languages**  | **English:** Spoken [ ]  Read [ ] **French:**  Spoken [ ]  Read [ ] **Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Spoken [ ]  Read [ ] **Notes (optional):** |
| **Personal or organization’s website** (if any): |  |
| **How did you hear about the Memory of the World Program?** |  |
| **Have you previously participated in any consultations, meetings or Annual General Meetings organized by the Canadian Commission for UNESCO?****Details:** | [ ]  Yes | [ ]  No |
| **Please describe your experience / interest related to the Memory of the World program and its priorities (one page maximum).** |
| **Why would you like to join the Canadian Advisory Committee for Memory of the World? (one page maximum)** |
| Please submit this complete application form together with **a copy of your resume** to daly.koffi@ccunesco.ca before **April 26, 2021**. |
| **Protection of your personal information** By submitting your personal information, you are consenting to its collection, use and disclosure in accordance with the Privacy Act. The Canadian Commission for UNESCO will use or disclose the information solely for the purpose of evaluating your candidature for the Canadian Advisory Committee for Memory of the World |
| Name:  |  | Date:  |  |