



## Application Form for the SGBK Active Membership

Last name	_____	Artist name	_____
First name	_____	Date of birth	_____
Street, no.	_____	OASI no.	_____
Postal code	_____	Nationality	_____
City	_____	E-mail	_____
Telephone	_____	Website	_____
Mobile phone	_____		

### Field of activity: *please tick*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> digital art     | <input type="checkbox"/> printmaking                 | <input type="checkbox"/> photography       |
| <input type="checkbox"/> graphic/drawing | <input type="checkbox"/> installation                | <input type="checkbox"/> architectural art |
| <input type="checkbox"/> painting        | <input type="checkbox"/> mixed media                 | <input type="checkbox"/> new media         |
| <input type="checkbox"/> performance     | <input type="checkbox"/> sculptures/plastics/objects | <input type="checkbox"/> textile art       |
| <input type="checkbox"/> video           | <input type="checkbox"/> paper cutting               | <input type="checkbox"/> others            |

### Which section would you like to join?

By joining an SGBK section, you will automatically become a member of the SGBK Switzerland.

- Basel                                       Bern/Romandie                                       Zürich

I am already insured for daily allowance, and I waive the SGBK daily allowance fund.

Are you a member of the Visarte association?     Yes                                       No

### My application contains the following: (in hard copy)

- fully completed application form, pages 1 – 3  
(application form in 4 copies, daily allowance fund and support fund in 2 copies)
- work documentation (max. 20 pages, DIN A4 format) together with a curriculum vitae which provides information about:  
training • the most important exhibitions • awards • acquisitions • publications
- motivation letter
- a self-addressed and sufficiently stamped reply envelope (min. C4 format)

### Dossiers & application forms to be sent to:

**SGBK Zentralsekretariat, Elfi Zangger THOMA, Dittingerstrasse 17, 4053 Basel**

**Registration deadline: August 31 / Incomplete dossiers will not be taken into consideration.**

I confirm that my application contains a fully completed application form and a complete application dossier. I also confirm that I have read and acknowledge the statutes and the excerpt from the admission regulations of the SGBK Switzerland (see [www.sgbk.ch](http://www.sgbk.ch) under Service/Künstlerinnen)

Place, Date: \_\_\_\_\_ Signature: \_\_\_\_\_

To be filled in by the SGBK: Affiliation as of \_\_\_\_\_ Section: \_\_\_\_\_



## Registration

### Daily Allowance Fund for the Swiss Artists in the Visual Arts TG

General-Guisan-Quai 40, P.O. box 2831, 8002 Zürich  
telephone 043 284 36 99, e-mail uf-tgk@swisslife.ch

Women artists over the age of 65 are not eligible for the daily allowance fund.

#### Application for the Daily Allowance Fund

Last name \_\_\_\_\_ Date of birth \_\_\_\_\_  
First name \_\_\_\_\_ OASI no. \_\_\_\_\_  
Street, no. \_\_\_\_\_ E-mail \_\_\_\_\_  
Postal code \_\_\_\_\_  
City \_\_\_\_\_  
Mobile  
phone/Telephone \_\_\_\_\_

Are you a member of Visarte?  Yes  No

Specification for admission to the daily allowance insurance without personal obligation  
to pay premiums: You are healthy and fully capable of working:  Yes  No

If your answer is "yes", you are admitted to the daily allowance fund as soon as you become  
a member of the SGBK. Your admission will be confirmed by sending you the insurance  
certificate. Illnesses and accidents which were concealed when answering the above  
question are not covered by the insurance for as long as an appropriate insurance exclusion  
would have been made if you answered truthfully.

If your answer is "no", the daily allowance fund will contact you directly to determine whether any  
exclusion should be made with regard to certain illnesses or consequences of accidents.

I, the undersigned, declare that I have answered this question truthfully, I have consulted the  
statutes of the daily allowance fund for artists in the visual arts and I acknowledge them.

Place, date: \_\_\_\_\_ Signature of the applicant: \_\_\_\_\_

To be filled in by the SGBK: Affiliation as of \_\_\_\_\_ Section: \_\_\_\_\_



## Registration

### Support Funds for the Swiss Artists in the Visual Arts UF

General-Guisan-Quai 40, P.O. box 2831, 8002 Zürich, telephone 043 284 36 99, e-mail [uf-tgk@swisslife.ch](mailto:uf-tgk@swisslife.ch), postal check account 80-4597-9, CH96 0900 0000 8000 4597 9

#### Declaration on obligatory contribution

Last name \_\_\_\_\_ Date of birth \_\_\_\_\_  
First name \_\_\_\_\_  
Street, no. \_\_\_\_\_ OASI no. \_\_\_\_\_  
Postal code \_\_\_\_\_  
City \_\_\_\_\_

#### Field of activity: *please tick*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> digital art     | <input type="checkbox"/> printmaking                 | <input type="checkbox"/> photography       |
| <input type="checkbox"/> graphic/drawing | <input type="checkbox"/> installation                | <input type="checkbox"/> architectural art |
| <input type="checkbox"/> painting        | <input type="checkbox"/> mixed media                 | <input type="checkbox"/> new media         |
| <input type="checkbox"/> performance     | <input type="checkbox"/> sculptures/plastics/objects | <input type="checkbox"/> textile art       |
| <input type="checkbox"/> video           | <input type="checkbox"/> paper cutting               | <input type="checkbox"/> others            |

I confirm that I have read the regulations of the support fund and I accept the conditions. In the event of economic difficulties, I can apply for financial support.

I undertake to pay 2% of each artwork sale to the support fund to respect the clause of obligatory contribution.

I authorise the purchasers, clients, and organisers of the exhibitions to deduct the obligatory contribution from my remuneration and to pay it directly to the support funds for the Swiss artists in the visual arts, General-Guisan-Quai 40, 8000 Zurich, account CH96 0900 0000 8000 4597 9.

If this authorisation is not executed, I undertake to transfer the obligatory contribution to the support fund by myself.

Place, date: \_\_\_\_\_ Signature of the applicant: \_\_\_\_\_

To be filled in by the SGBK: Affiliation as of \_\_\_\_\_ Section: \_\_\_\_\_

## Is my membership application complete?

The registration deadline of August 31 must be met.

My application for the active membership of the SGBK Switzerland and for the desired section includes:

- work documentation (max. 20 pages, DIN A4 format)
- motivation letter
- fully completed forms
  - an application form for the SGBK active membership, **4 copies**
  - for the support fund for the Swiss artists in the visual arts, **2 copies**
  - for the daily allowance fund for the Swiss artists in the visual arts **2 copies**.  
If you waive the daily allowance Fund, this registration form is not required.
  - a self-addressed and sufficiently stamped reply envelope (min. C4 format)

Incomplete dossiers will not be taken into consideration.

### Dossiers & applications to be sent to:

SGBK Zentralsekretariat  
Elfi Zangger THOMA  
Dittingerstrasse 17  
4053 Basel