



APPLICATION FORM FOR THE BBK MEMBERSHIP

Last Name _____	Artist name _____
First names _____	Company name _____
Date of birth _____	
Adress _____	fiscal partner: yes/no If affirmative with whom? _____
Postal code/Place _____	<i>*only applies when partner is a BBK membership holding</i>
Telephone _____	<i>artist. Necessary to establish the height of the</i>
Cellphone _____	<i>contribution.</i>
Fax _____	Giro account _____
E-mail _____	Bank account _____
Website _____	
Male/ female _____	

In what discipline of arts do you work?:

Independent

since: _____

Paid employment

if so, how?

Museums (educational services)

Art academy

Education

Social and cultural work

Centre for creativity (as such)

Other: _____

Discipline (e.g. painter, sculptor, multimedia)

For obtaining the BBK membership clearly state that art is your profession.
Please include the following with your application form when possible.

Curriculum Vitae

Certificate of the academy of arts

Evidence stating Art as your main source of income (e.g. expositions, manifests, assignments, workshop/ equipment)

Please name your professional occupation, such as education, committee work, contacts with governmental and private artothèques etc.

Are you subscribed in a register for artists, at a mediation centre or any other institution that can state your

- o reputation as an artist?

CONTRIBUTION

Please specify the BBK membership category. Your choice determines your contribution.

- o Full member
- o (65+) senior member
- o Partner member
- o Recent academy graduate
- o Student member
- o > Unemployment benefit level, reduced contribution

PAYMENT

- o at once after receiving giro card
- o per 6 months
- o quarterly

MOTIVATION (optional)

Please explain why you wish to become a member of the BBK.

MEMBER REGISTERS NEW MEMBER ACTION

Please fill out the details of the registering existing BBK member.

Only fully filled out details are accepted for this action. Supplementary conditions can be found on the included addendum.

Name registering existing BBK member _____ *For the € 25,- deposit to the registering BBK member his or her bank or giro account number is required.*
First names _____
Adress _____ Giro account _____
Postal code/Place _____ Bank account _____

Place _____

Date _____

Signature _____

The membership applies until written resignation after which it will be ended before the first of the next year. The membership is entered for a minimum of 4 quarters of a year.

By signing you state that you have taken cognizance of the BBK regulations.

The handling procedure of your application is mentioned in the official BBK regulations. For more information please contact the national BBK bureau.

Please send your application form to the national BBK bureau, Uiterwaardenstraat 209, 1079 CN Amsterdam