



Registration form

(Please fill out in block letters)

Berufsverband Darstellende Künste
Associazione dei professionisti delle arti sceniche
Association des professionnels des arts de la scène

Online form (DE/EN/FR/IT): <https://en.szeneschweiz.ch/about-us/membership/>

☐ Male ☐ Female ☐ Diverse

Last name: _____

First name: _____

Street, Nr.: _____

Postal code, City: _____

Date of birth: _____

Nationality: _____

☐ Salaried: ☐ Soloist ☐ Choir member

Employed by: _____

☐ Dancer

☐ Freelance

Correspondence language:

☐ DE ☐ EN ☐ FR ☐ IT

Profession: _____

Education: _____

I am a student: ☐ Yes ☐ No

End date of study: _____

Telephone: _____

Mobile: + _____

Email: _____

Website: _____

Gross Annual Income CHF: _____

Date of entry at SzeneSchweiz: _____

Who told you about us?: _____

Comments: _____

Newsletter:

☐ I would like to receive the SzeneSchweiz newsletter with audition requests, accreditations for festivals, workshop offers and further trainings etc. (NO PUBLICITY).



This is a required field. By signing below, I agree to the binding registration for membership with SzeneSchweiz. I agree to comply with the [statutory provisions](#) at all times and have taken note of the [membership fees](#) as well as of the [information regarding legal protection](#). SzeneSchweiz reserves the right to decide about the final admission.

Place and date

Member's signature
