

MEMBERSHIP REGISTRATION

MEMBER:

Full Name:

Address:

Zip code:

City:

Country:

Email :

Mobile:

YOUR GALLERY INFORMATIONS

Name :

Address (if different):

Zip code:

City:

Country:

Phone:

Email :

Intra-Community VAT No.:

Web site :

Days & opening hours :

Instagram :

Facebook :

Linkedin :

The billing address is the same as that of the gallery ? YES NO

Address (if different):

Zip code:

City:

Country:

SYNDICAT NATIONAL DES ANTIQUAIRES ET GALERIES D'ART

Siret : 784 854 119 00046 - TVA FR 83 784 854 119 - APE 9412 Z – Internet : <http://www.sna-france.com>

8, rue Saint-Marc 75002 Paris | T. + 33 7 63 10 66 33 | syndicat@sna-france.com



GALLERY PRESENTATION SHEETE

(Communication & web site)

Full Name (director if different from the member) :

Email :

Phone:

Full Name (assistant) :

Email :

Phone:

Gallery presentation text (10 lines)

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VISUALS / captions & credits :

- **Portrait of the Gallery director**
- **Sélection of 5 visuals** (Caption works: title, date, medium, dimension, photographic credit)

PROGRAM / exhibitions in 2025

You can send us your press releases

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GALLERY SPECIALITY(S)

- Antique furniture and Objet d'art**
- Antiquities**
- Islamic art**
- Asian art**
- Ancien Arts of Africa - Americas - Oceania - Southeast Asia**
- Contemporary art**
- Modern art**
- Jewelry**
- Objects of collection and curiosity**
- Antique & Rare Books – Antique Maps – Autographs – Manuscripts – Illuminations – Photographs**
- Militaria : Ancient Weapons – Orders and Medals**
- 20th Century Design & Works of Art**
- Numismatic**
- Old Masters**

FIRST SPONSOR

I, the undersigned,

Address

Member of the Syndicat National des Antiquaires, declare that I accept the responsibility of sponsoring the application of Mr / Ms.....

and vouch for, with respect to the syndicate, his professional activity in Antiques since (1)

Date :

Signature :

NB - This form must be fully completed for the application to be considered.

1 - Specify the date of entry into the antiques trade.

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SECOND SPONSOR

I, the undersigned,

Address

Member of the Syndicat National des Antiquaires, declare that I accept the responsibility of sponsoring the application of Mr / Ms.....

and vouch for, with respect to the syndicate, his professional activity in Antiques since (1)

Date :

Signature :

NB - This form must be fully completed for the application to be considered.

1 - Specify the date of entry into the antiques trade.

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**FORM TO BE RETURNED TO
SYNDICAT NATIONAL DES ANTIQUAIRES & GALERIES D'ART**

I, the undersigned,

NAME :

ADDRESS :

Applying for admission to the Syndicat National des Antiquaires, hereby declare that I have read and understood the text of the Customs and Practices of the profession of Antiques Dealers as established and approved by the Board of Directors of said Syndicat and commit myself to complying with them.

Write:

Read and approved:

Date :