



SNA MEMBERSHIP REGISTRATION

MEMBER :

Full Name :

Address (street name) :

Zip code :

City :

Country :

Email :

Mobile :

YOUR GALLERY INFORMATIONS :

NAME :

Address (if different) :

Zip code :

City :

Country :

Phone :

Email :

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:

Intra-Community VAT No.:



GALLERY PRESENTATION SHEET

(Communication & web site)

CONTACT PERSON FOR THE SNA :

Full Name (director if different from the member) :

Email :

Mobile :

Full Name (assistant) :

Email :

Mobile :

Gallery presentation text (10 lines)

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SPECIALITY(S) - To choose from the attached list

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-
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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 and other news in 2024

Please send us your informations :

communication@sna-france.com



GALLERY SPECIALITY(S)

Antique furniture and Works of Art

Antiquities

Islamic art

Asian art

Ancien Arts of Africa - Americas - Oceania - Southeast Asia

Contemporary art

Modern art

Jewelry

Objects of collection and curiosity

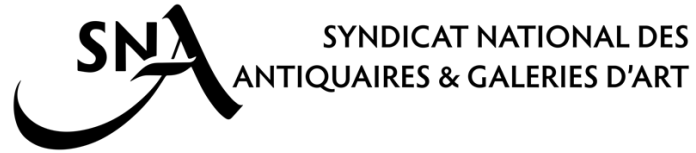
Antique & Rare Books – Antique Maps – Autographs – Manuscripts – Illuminations – Photographs

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.....

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.



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.

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.



**FORM TO BE RETURNED TO SYNDICAT NATIONAL DES ANTIQUAIRES
NEGOCIANTS EN OBJETS D'ART,
TABLEAUX ANCIENS, MODERNES ET CONTEMPORAINS**

I, the undersigned,

NAME:

ADRESS:

Contracting for admission to the Syndicat National des Antiquaires, declare having taken note of the text of the Usages and Customs of the profession of Antique Dealer in Works of Art as established and approved by the Board of Directors of said Syndicate and commit to respecting them.

Write:

Read and approved:

Date: