



## AGSI Member Application Form

Gallery Name:

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Director:

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Year of Establishment:

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Address:

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Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Artist Representatives :

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Recent Activities:

(Fill the form below or submit digital files to us at **infoagsi@gmail.com**)

Date \_\_\_\_\_

Director Signature:

Signature

**AGSI Sekretariat**

**Jl. Kemang Raya 21, Jakarta Selatan 12730. 021-7194608/7194721. infoagsi@gmail.com**

