



SKÅL INTERNATIONAL

International Association of Travel and Tourism Professionals
Founded 1934

MEMBERSHIP PROPOSAL FORM

SKÅL
INTERNATIONAL:

Nº:

IMPORTANT: The current Skål International By-Laws Article I, Section I should always be consulted when completing and checking MEMBERSHIP PROPOSAL FORMS. Forms must be completed in one of the 3 Skål languages, English, French or Spanish. Incomplete or incorrect forms will be Rejected. Membership is only effective upon confirmation from the General Secretariat. ALL FORMS SHOULD BE COMPLETED LEGIBLY.

CANDIDATE'S DATA:

(please indicate by X)

FAMILY NAME:		FIRST NAME:		<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	
DATE OF BIRTH:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PLACE OF BIRTH:	<input type="text"/>		
COUNTRY:					
COMPANY NAME IN FULL:					
FULL COMPANY ADDRESS:					
<input type="text"/>					
WORK TELEPHONE:	COUNTRY CODE	AREA CODE	NUMBER		FAX:
E-MAIL:			WEBSITE:		
HOME ADDRESS:					
				HOME TELEPHONE NUMBER:	
ADDRESS FOR CORRESPONDENCE: BUSINESS: <input type="checkbox"/>				HOME: <input type="checkbox"/>	
(please indicate by X)					
ACTIVITY OF COMPANY:					
CANDIDATE'S POSITION:				SINCE:	
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CANDIDATE'S DUTIES:					
<input type="text"/>					
NUMBER OF HOURS IN ABOVE POSITION WEEKLY: <input type="text"/> <input type="text"/> <input type="text"/>			NUMBER OF WEEKLY HOURS IN OTHER WORK IF NOT FULL TIME: <input type="text"/> <input type="text"/> <input type="text"/>		
TYPE OF OTHER WORK:					
COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY:				NUMBER OF YEARS IN TRAVEL/TOURISM:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/>	
IF LESS THAN THREE YEARS IN YOUR PRESENT COMPANY, PLEASE WRITE BELOW THE ADDITIONAL DETAILS TO COVER A MINIMUM OF 3 YEARS WITHIN THE TRAVEL AND TOURISM INDUSTRY					
COMPANY NAME:			ACTIVITY:		
POSITION HELD:			FROM:		TO:
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
COMPANY NAME:			ACTIVITY:		
POSITION HELD:			FROM:		TO:
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
COMMENTS REGARDS PREVIOUS OR PRESENT EMPLOYMENT:					
<input type="text"/>					
IF YOU HAVE PREVIOUSLY BEEN A MEMBER OF SKÅL PLEASE STATE THE NAME(S) OF THE CLUB(S), CATEGORY OF MEMBERSHIP (ACTIVE, LIFE, ASSOCIATE OR LOCAL) AND THE PERIOD(S) OF MEMBERSHIP:					
<input type="text"/>					
INTRODUCED BY:					

CANDIDATE'S BUSINESS CARD:	SKÅL INTERNATIONAL USE ONLY:
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CANDIDATE'S SIGNATURE:	DATE:	D	D	M	M	Y	Y
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The undersigned Active Skål Members certify that the above details are correct and we recommend (name):

 for Active Membership.

PROPOSED BY:	NAME: _____	CARD N°:
	SIGNATURE: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PROPOSED BY:	NAME: _____	CARD N°:
	SIGNATURE: _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

AFFIRMATION

The undersigned, President and Secretary of Skål International : _____
 confirm that the above candidate (name): _____
 fulfils the conditions for Active Membership of Skål in classification code n°: _____, in accordance with the Skål International By-Laws Article I, Section I.
 Space for additional information regarding the proposed member:

SIGNATURE: _____ <div style="text-align: center;">President</div> PRINT NAME: _____	SIGNATURE: _____ <div style="text-align: center;">Secretary</div> PRINT NAME: _____												
DATE: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; text-align: center;">D</td><td style="border: 1px solid black; width: 15px; text-align: center;">D</td><td style="border: 1px solid black; width: 15px; text-align: center;">M</td><td style="border: 1px solid black; width: 15px; text-align: center;">M</td><td style="border: 1px solid black; width: 15px; text-align: center;">Y</td><td style="border: 1px solid black; width: 15px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y	DATE: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; text-align: center;">D</td><td style="border: 1px solid black; width: 15px; text-align: center;">D</td><td style="border: 1px solid black; width: 15px; text-align: center;">M</td><td style="border: 1px solid black; width: 15px; text-align: center;">M</td><td style="border: 1px solid black; width: 15px; text-align: center;">Y</td><td style="border: 1px solid black; width: 15px; text-align: center;">Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								

This application has been seen by the National Committee (No National Committee signature will apply for Affiliated Clubs).

SIGNATURE: _____

Name & Position: _____

DATE:

D	D	M	M	Y	Y
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Skål International makes known of the existence of a computerised file of personal data in which the details given by you will be included to permit the control and follow-up of the services offered to members. In addition, some of these details have been included in a file which is held in the "Members Only" area of our website www.skal.org and can be consulted by other members on the introduction of a password. By forwarding your personal information, you agree to the use of this computerised file and the receipt of messages and news relative to **Skål International** in accordance with the terms of the current legislation on data protection (LOPD 15/99). However, you have the right to access, rectification and opposition at any time you feel appropriate by means of a written, signed request to **Skål International**, P.O. Box 466, 29620 Torremolinos, Malaga, Spain.

To be sent: SKÅL INTERNATIONAL - GENERAL SECRETARIAT - P.O. BOX 466 - 29620 TORREMOLINOS - SPAIN
 TEL: 34 · 95 · 238 · 91 · 11 - FAX: 34 · 95 · 237 · 00 · 13 - E-mail: skal@skal.org