



SKÅL INTERNATIONAL

International Association of Travel and Tourism Professionals
Founded 1934

MEMBERSHIP PROPOSAL FORM

SKÅL INTERNATIONAL:	N°:			
----------------------------	-----	--	--	--

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

* By completing this section you accept that your name and e-mail address are published in the "Preferred Contacts" section, which is in the public area of our website www.skal.org

CANDIDATE'S BUSINESS CARD:

SKÅL INTERNATIONAL USE ONLY:

CANDIDATE'S SIGNATURE:	DATE:	D	D	M	M	Y	Y
------------------------	-------	---	---	---	---	---	---

The undersigned Active Skål Members certify that the above details are correct and we recommend (name):

 for Active Membership.

PROPOSED BY:	NAME: _____ SIGNATURE: _____	CARD NUMBER: <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: _____ SIGNATURE: _____	CARD NUMBER: <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 (CLUB NAME) _____
 confirm that the above (name): _____
 fulfils the conditions for Active Membership of Skål in classifications code n° _____, in accordance with the Skål International By-Laws Article I, Section I.

Space for additional information regarding the proposed member:

PRINT NAME: _____ President	PRINT NAME: _____ Secretary												
SIGNATURE: _____ DATE: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	SIGNATURE: _____ DATE: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>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).

NAME & POSITION: _____

SIGNATURE: _____
DATE:

D	D	M	M	Y	Y
---	---	---	---	---	---

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.