



# SKÅL INTERNATIONAL

International Association of Travel and Tourism Professionals  
Founded 1934

## MEMBERSHIP PROPOSAL FORM

September 2003

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:		COUNTRY:						
COMPANY NAME IN FULL:																
FULL COMPANY ADDRESS:																
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"/>					
CANDIDATE'S DUTIES:																
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"/>					
TYPE OF OTHER WORK:																
COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY:							<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NUMBER OF YEARS IN TRAVEL/TOURISM:	<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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TO:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COMPANY NAME:					ACTIVITY:											
POSITION HELD:					FROM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TO:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COMMENTS REGARDS 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, ASSOCIATE OR LOCAL) AND THE PERIOD(S) OF MEMBERSHIP:																
INTRODUCED BY:																

CANDIDATE'S BUSINESS CARD:	SKÅL INTERNATIONAL USE ONLY:
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CANDIDATE'S SIGNATURE:	DATE: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 15px;">D</td> <td style="width: 15px; height: 15px;">D</td> <td style="width: 15px; height: 15px;">M</td> <td style="width: 15px; height: 15px;">M</td> <td style="width: 15px; height: 15px;">Y</td> <td style="width: 15px; height: 15px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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 N°: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>										
PROPOSED BY:	NAME: _____ SIGNATURE: _____	CARD N°: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>										

## 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: _____ President	SIGNATURE: _____ Secretary												
PRINT NAME: _____	PRINT NAME: _____												
DATE: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 15px;">D</td> <td style="width: 15px; height: 15px;">D</td> <td style="width: 15px; height: 15px;">M</td> <td style="width: 15px; height: 15px;">M</td> <td style="width: 15px; height: 15px;">Y</td> <td style="width: 15px; height: 15px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	DATE: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px; height: 15px;">D</td> <td style="width: 15px; height: 15px;">D</td> <td style="width: 15px; height: 15px;">M</td> <td style="width: 15px; height: 15px;">M</td> <td style="width: 15px; height: 15px;">Y</td> <td style="width: 15px; height: 15px;">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](http://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](mailto:skal@skal.org)