



# SKÅL INTERNATIONAL

International Association of Travel and Tourism Professionals  
Founded 1934

## MEMBERSHIP PROPOSAL FORM

<b>SKÅL INTERNATIONAL:</b>	N°:			
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**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:				
<b>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</b>																	
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
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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: _____ SIGNATURE: _____	CARD NUMBER: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
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## AFFIRMATION

The undersigned, President and Secretary of Skål International (CLUB NAME) \_\_\_\_\_  
 confirm that the above (name): \_\_\_\_\_  
 fulfils the conditions for **Active/Associate** 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: _____ <span style="color: #0070C0; font-size: small;">President</span>	PRINT NAME: _____ <span style="color: #0070C0; font-size: small;">Secretary</span>																
SIGNATURE: _____	SIGNATURE: _____																
DATE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									DATE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								

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

NAME & POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: 

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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.