



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:		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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<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"/>	<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:																		

* 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.skål.org

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: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">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: _____	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>										
	SIGNATURE: _____											
PROPOSED BY:	NAME: _____	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>										
	SIGNATURE: _____											

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: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">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: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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