



SKÅL INTERNATIONAL

Association Internationale des Skål Clubs

Professionnels du Tourisme

MEMBERSHIP PROPOSAL FORM

September 2003

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:	<input type="text"/>	<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"/>				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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
							NUMBER OF YEARS IN TRAVEL/TOURISM: <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"/>
COMPANY NAME:	ACTIVITY:
POSITION HELD:	FROM: <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:

CANDIDATE'S BUSINESS CARD:	SKÅL INTERNATIONAL USE ONLY:
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CANDIDATE'S SIGNATURE:	DATE: <table border="1" style="display: inline-table; text-align: center; font-size: small;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <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> </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; text-align: center; font-size: x-small;"> <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>										
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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: _____ <p style="text-align: center;">President</p> PRINT NAME: _____	SIGNATURE: _____ <p style="text-align: center;">Secretary</p> PRINT NAME: _____																								
DATE: <table border="1" style="display: inline-table; text-align: center; font-size: x-small;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <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> </tr> </table>	D	D	M	M	Y	Y							DATE: <table border="1" style="display: inline-table; text-align: center; font-size: x-small;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td> </tr> <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> </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