



# SKÅL INTERNATIONAL

Association Internationale des Skål Clubs  
Professionnels du Tourisme

## 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: |                        |                          |                 | MR.       | MRS. | MS. |                                    |   |   |
| DATE OF BIRTH:                                   | D            | D         | M  | M           | Y                      | Y                        | PLACE OF BIRTH: | COUNTRY:  |      |     |                                    |   |   |
| COMPANY NAME IN FULL:                            |              |           |  |             |                        |                          |                 |           |      |     |                                    |   |   |
| FULL COMPANY ADDRESS:                            |              |           |  |             |                        |                          |                 |           |      |     |                                    |   |   |
| CITY:  |              |           | STATE:   |             |                        | COUNTRY:                 |                 | ZIP CODE: |      |     |                                    |   |   |
| WORK TELEPHONE:                                  | COUNTRY CODE | AREA CODE |  | NUMBER      |                        |                          |                 | FAX:      |      |     |                                    |   |   |
| E-MAIL:  |              |           |  |             | WEBSITE:               |                          |                 |           |      |     |                                    |   |   |
| HOME ADDRESS:                                    |              |           |  |             |                        |                          |                 |           |      |     |                                    |   |   |
| CITY/STATE/ZIP:                                  |              |           |  |             | HOME TELEPHONE NUMBER: |                          |                 |           |      |     |                                    |   |   |
| ADDRESS FOR CORRESPONDENCE: BUSINESS:            |              |           |  | HOME:       |                        | (PLEASE INDICATE WITH 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 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"/> <input type="text"/> <input type="text"/> TO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> TO: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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:

|  |
|--|
|  |
|--|

CANDIDATE'S BUSINESS CARD: (ATTACH 2 CARDS)

SKÅL INTERNATIONAL USE ONLY:

CANDIDATE'S SIGNATURE:

DATE:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

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

for Active Membership.

|              |            |      |     |  |  |  |  |  |  |  |  |  |  |
|--------------|------------|------|-----|--|--|--|--|--|--|--|--|--|--|
| PROPOSED BY: | NAME:----- | CARD | N°: |  |  |  |  |  |  |  |  |  |  |
|              | SIGNATURE: |      |     |  |  |  |  |  |  |  |  |  |  |
| PROPOSED BY: | NAME:      | CARD | N°: |  |  |  |  |  |  |  |  |  |  |
|              | 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 No. \_\_\_\_\_, in accordance with the Skål  
 International Bylaws, Article I, Section I.

Space for additional information regarding the proposed member:



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

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

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

|                        |       |  |  |  |  |  |  |  |  |
|------------------------|-------|--|--|--|--|--|--|--|--|
| SIGNATURE: _____       | DATE: |  |  |  |  |  |  |  |  |
| Name & Position: _____ |       |  |  |  |  |  |  |  |  |

To be sent: SKÅL INTERNATIONAL ORLANDO - PO BOX 720423, ORLANDO, FL 32872-0423