	SKÅL INTERNATIONAL:	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) MRS. MR. MS. FAMILY NAME. FIRST NAME: DATE OF BIRTH: PLACE OF BIRTH: COUNTRY: COMPANY NAME IN FULL: **FULL COMPANY ADDRESS:** COUNTRY CODE AREA CODE **WORK TELEPHONE:** FAX: E-MAIL: *WEBSITE: **HOME ADDRESS:** MOBILE HOME TELEPHONE NUMBER: NUMBER: (please indicate by X) ADDRESS FOR CORRESPONDENCE: **BUSINESS** HOME ACTIVITY OF COMPANY: SINCE: CANDIDATE'S POSITION: CANDIDATE'S DUTIES: NUMBER OF WEEKLY HOURS IN OTHER WORK IF NOT FULL TIME: NUMBER OF HOURS IN ABOVE POSITION WEEKLY: TYPE OF OTHER WORK: NUMBER OF YEARS IN TRAVEL/TOURISM: COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY: 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 COMPANY NAME: ACTIVITY: **POSITION HELD:** FROM: TO: ACTIVITY: COMPANY NAME: POSITION HELD: FROM: TO: 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 E	BUSINESS CARD:		SKÅL INTERNATIONAL USE ONLY:							
CANDIDATE'S SIGNATURE:					DATE:	D D	М	м	Y	
The undersigned Active Skål Members certify that the above details are correct and we recommend (name):										
for Active Membe	ership.									
PROPOSED BY:	NAME:			CARD NUMBER:						
	SIGNATURE:									
PROPOSED BY:	NAME:			CARD N	NUMBER:					
	SIGNATURE:									
AFFIRMATION										
The undersigned, President and Secretarry of Skål International (CLUB NAME)										
confirm that the	above (name):									
fulfils the conditions for Active Membership of Skål in classifications code n°, in accordance with the Skål International By-Laws Article I, Section I.										
Space for additio	nal information regarding the proposed member									
PRINT NAME: PRINT NAME: Section Section						_				
	President				Sed	cretary				
SIGNATURE:	DATE:	Y	SIGNATURE:			DATE:	M	М	Y	
This application l	nas been seen by the National Committee (No No	ıtiona	l Committee signat	ure will ap	ply for A	ffiliated Cl	Jbs).	1	ı	
NAME & POSITIO	DN:									
SIGNATURE:						DATE:) M	М	YY	
5.0 OKE.										

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 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.