

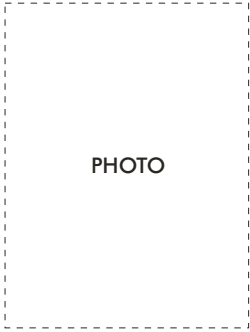


SKÅL INTERNATIONAL

International Association of Travel and Tourism Professionals
Founded 1934

MEMBERSHIP PROPOSAL FORM FOR YOUNG SKÅL

Forms must be completed in one of the 3 Skål languages, English, French or Spanish.
Incomplete or incorrect forms will be rejected. **ALL FORMS SHOULD BE COMPLETED LEGIBLY.**



PHOTO

SKÅL INTERNATIONAL:	Nº: <input type="text"/> <input type="text"/> <input type="text"/>
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CANDIDATE

(please indicate by X)

FAMILY NAME:				FIRST NAME:				MR.	MRS.	MS.
DATE OF BIRTH:	D	D	M	M	Y	Y	PLACE OF BIRTH:	COUNTRY:		
HOME ADDRESS:										
								E-MAIL:		
TEL.:	COUNTRY CODE	AREA CODE	NUMBER				FAX:			
MOBILE:	COUNTRY CODE	AREA CODE	NUMBER							

EDUCATIONAL INSTITUTION: (IF STUDYING)

NAME IN FULL:										
FULL ADDRESS:										
								E-MAIL:		
TEL.:	COUNTRY CODE	AREA CODE	NUMBER				FAX:			

DETAILS OF STUDIES

NAME OF THE BRANCH OR DEPARTMENT OF TOURISM:																			
HEAD OF THE DEPARTMENT OF TOURISM:	NAME:				FIRST NAME:				MR.	MRS.	MS.								
	TITLE:				E-MAIL:														
<u>GRADUATE</u> : QUALIFIES FOR ENTRY TO A UNIVERSITY OR SIMILAR.					<u>DEGREE</u> : 4 YEARS OR MORE IN A UNIVERSITY OR SIMILAR.														
<u>DIPLOMA</u> : UP TO 3 YEARS STUDIES IN A UNIVERSITY OR SIMILAR.																			
LEVEL REQUIRED FOR ADMISSION: GRADUATE: <input type="checkbox"/> DIPLOMA: <input type="checkbox"/> DEGREE: <input type="checkbox"/>																			
LEVEL OF TITLE / DEGREE GRANTED OR EQUIVALENT: DIPLOMA: <input type="checkbox"/> DEGREE: <input type="checkbox"/> MASTER: <input type="checkbox"/> DOCTORATE: <input type="checkbox"/>																			
NAME OF THE TITLE GRANTED:																			
DURATION OF THE STUDIES: YEARS: <input type="text"/>			MONTHS: <input type="text"/> <input type="text"/>		CURRENT YEAR: <input type="text"/>		AVERAGE COURSE HOURS PER YEAR: <input type="text"/> <input type="text"/> <input type="text"/>												
PRACTICAL TRAINING REQUIRED: YES: <input type="checkbox"/> NO: <input type="checkbox"/> IF YES, PLEASE, SPECIFY:																			
LANGUAGES CANDIDATE CAN SPEAK AND LEVEL (POOR / AVERAGE / GOOD / VERY GOOD OR MOTHER TONGUE):																			
<input type="text"/>			P:	<input type="text"/>	AV:	<input type="text"/>	G:	<input type="text"/>	VG:	<input type="text"/>	<input type="text"/>	P:	<input type="text"/>	AV:	<input type="text"/>	G:	<input type="text"/>	VG:	<input type="text"/>
<input type="text"/>			P:	<input type="text"/>	AV:	<input type="text"/>	G:	<input type="text"/>	VG:	<input type="text"/>	<input type="text"/>	P:	<input type="text"/>	AV:	<input type="text"/>	G:	<input type="text"/>	VG:	<input type="text"/>
PREVIOUS PRACTICAL TRAINING:																			

INTRODUCED BY:

APPROVAL OF THE EDUCATIONAL INSTITUTION (FOR STUDENTS)

The undersigned certifies, on the behalf of the Educational Institution, that the above details are correct and recommends (name) _____ for membership.							
FAMILY NAME:	FIRST NAME: <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.						
TITLE:	E-MAIL:						
SIGNATURE AND STAMP:							
DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><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		
ANY ADDITIONAL COMMENT ON THE STUDENT:							

CURRENT PROFESSIONAL DATA: (IF WORKING)

COMPANY:						SINCE: <table border="1" style="display: inline-table; border-collapse: collapse;"><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												
COMPANY ADDRESS:																	
						E-MAIL:											
TEL.:	COUNTRY CODE	AREA CODE	NUMBER						FAX:								
ACTIVITY:						POSITION:											
FULL TIME EMPLOYED: YES: <input type="checkbox"/>		NO: <input type="checkbox"/>		ANY PREVIOUS PROFESSIONAL EXPERIENCE OR ADDITIONAL COMMENTS:													
CANDIDATE'S SIGNATURE:																	
DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><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												

AFFIRMATION

Secretary of Skål International: _____ N°: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> confirms that the above candidate fulfils the conditions for Young Skål Membership.							
SIGNATURE: _____ <div style="text-align: center; margin-left: 100px;">Secretary</div> PRINT NAME: _____	SPACE FOR SKÅL INTERNATIONAL: DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><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		

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.

To be sent: **SKÅL INTERNATIONAL - GENERAL SECRETARIAT - P.O.BOX 466 - 29620 TORREMOLINOS - SPAIN**
 TEL: 34 · 95 · 238 · 91 · 11 • FAX: 34 · 95 · 237 · 00 · 13 • e-mail: skal@skal.org