

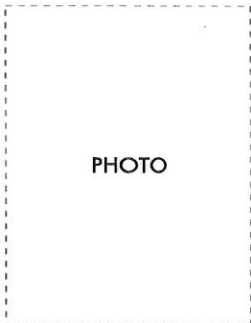


SKÅL INTERNATIONAL

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:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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:				
GRADUATE: QUALIFIES FOR ENTRY TO A UNIVERSITY OR SIMILAR.			DEGREE: 4 YEARS OR MORE IN A UNIVERSITY OR SIMILAR.				
DIPLOMA: 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;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 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;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 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;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table>												D	D	M	M	Y	Y
D	D	M	M	Y	Y												

AFFIRMATION

Secretary of Skål International: _____ Nº: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> confirms that the above candidate fulfils the conditions for Young Skål Membership.							
SIGNATURE: _____ Secretary	SPACE FOR SKÅL INTERNATIONAL:						
PRINT NAME: _____							
DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 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.skål.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