



# 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.**



SKÅL INTERNATIONAL:	N°: <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"/>	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"/>	CURRENT YEAR: <input type="text"/>	AVERAGE COURSE HOURS PER YEAR: <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="checkbox"/>	AV: <input type="checkbox"/>	G: <input type="checkbox"/>	VG: <input type="checkbox"/>	<input type="text"/>	P: <input type="checkbox"/>	AV: <input type="checkbox"/>	G: <input type="checkbox"/>	VG: <input type="checkbox"/>
<input type="text"/>	P: <input type="checkbox"/>	AV: <input type="checkbox"/>	G: <input type="checkbox"/>	VG: <input type="checkbox"/>	<input type="text"/>	P: <input type="checkbox"/>	AV: <input type="checkbox"/>	G: <input type="checkbox"/>	VG: <input type="checkbox"/>
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: <span style="float: right;"><input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.</span>						
TITLE:	E-MAIL:						
SIGNATURE AND STAMP:							
DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">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:	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: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">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: _____ <p style="text-align: center; margin-left: 100px;">Secretary</p> PRINT NAME: _____ <div style="text-align: right; margin-top: 10px;">DATE: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td></tr></table></div>	D	D	M	M	Y	Y	SPACE FOR SKÅL INTERNATIONAL: <div style="height: 80px;"></div>
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](http://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](mailto:skal@skal.org)