



SKAL INTERNATIONAL

International Association of Travel and Tourism Professionals
Founded 1934

MEMBERSHIP PROPOSAL FORM

SKAL
INTERNATIONAL:

Nº:

IMPORTANT: The current SKAL 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 SKAL 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:	TASGIRAN			FIRST NAME:	FAKRET			<input checked="" type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS				
DATE OF BIRTH:	0	5	6	7	9	2	PLACE OF BIRTH:	ADANA	COUNTRY:	TURKEY		
COMPANY NAME IN FULL: FAKRET YEMEKÇİLIK SANAYİ VE TİCARET LTD. ŞTİ.												
FULL COMPANY ADDRESS: HUZURELİLER Mh. TORKMENBAŞI BLV 02CANDAN APT No: 24/A GÜZELOVA/ADANA												
WORK TELEPHONE:	COUNTRY CODE	AREA CODE	NUMBER				FAX:					
	+90	322	2471919-20 (PBX)									
E-MAIL:	fakret@fakret.com.tr				WEBSITE: www.fakret.com.tr							
HOME ADDRESS: GÖRSELPAŞA Mh. 75590SK. No: 4 Emre Apt. 4/7 Seyhan/ADANA												
HOME TELEPHONE NUMBER: +90530 601 44 83												
ADDRESS FOR CORRESPONDENCE: BUSINESS: <input checked="" type="checkbox"/> HOME: <input type="checkbox"/> (please indicate by X)												
ACTIVITY OF COMPANY: RESTAURANT												
CANDIDATE'S POSITION: OWNER SINCE: 1 0 0 6 1 9												
CANDIDATE'S DUTIES:												
NUMBER OF HOURS IN ABOVE POSITION WEEKLY: 0 4 8 NUMBER OF WEEKLY HOURS IN OTHER WORK IF NOT FULL TIME: <input type="text"/> <input type="text"/> <input type="text"/>												
TYPE OF OTHER WORK:												
COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY: 1 0 0 6 1 9 NUMBER OF YEARS IN TRAVEL/TOURISM 0 9												
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: FAKRET TASGIRAN ACTIVITY:												
POSITION HELD: OWNER FROM: 0 1 0 1 1 2 TO: 1 0 0 6 1 9												
COMPANY NAME: ACTIVITY:												
POSITION HELD: FROM: TO:												
COMMENTS REGARDS PREVIOUS OR PRESENT EMPLOYMENT:												
IF YOU HAVE PREVIOUSLY BEEN A MEMBER OF SKAL PLEASE STATE THE NAME(S) OF THE CLUB(S), CATEGORY OF MEMBERSHIP (ACTIVE, LIFE, ASSOCIATE OR LOCAL) 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.skai.org

CANDIDATE'S BUSINESS CARD:



Fikret TAŞGIRAN
0530 601 44 83

SKÅL INTERNATIONAL USE ONLY:



CANDIDATE'S SIGNATURE:

© fikr_et © www.fikret.com.tr

DATE: 24 / 12 / 2021

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

for Active Membership.

PROPOSED BY:	NAME: <u>GÖKHAN KARDEŞ</u>	CARD N°:
	SIGNATURE:	<input type="text"/>
PROPOSED BY:	NAME: <u>ERDAL GÜRBÜZ</u>	CARD N°:
	SIGNATURE:	<input type="text"/>

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 n°: _____, in accordance with the Skål
International By-Laws Article I, Section I.
Space for additional information regarding the proposed member:

SIGNATURE: _____ President	SIGNATURE: _____ Secretary
PRINT NAME: _____	PRINT NAME: _____
DATE: <input type="text"/>	DATE: <input type="text"/>

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

SIGNATURE: _____
Name & Position: _____

DATE:

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.skall.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



SKAL INTERNATIONAL

International Association of Travel and Tourism Professionals
Founded 1934

SKAL
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FP:

MEMBERSHIP PROPOSAL FORM

IMPORTANT: This form is for SKAL International. By using Section 1, Section 2 and/or Section 3, you are applying for membership and requesting MEMBERSHIP PROPOSAL FORMS. Please read the instructions on the back of this form carefully. Please, if you are a SKAL member, please indicate your SKAL ID number. All forms should be completed legibly.

CANDIDATE'S DATA

Section number is 6

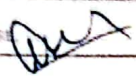
FAMILY NAME GETINEL		FIRST NAME NAZAN		<input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MS	
DATE OF BIRTH 14/04/68	PLACE OF BIRTH TARSIUS	COUNTRY TURKEY			
COMPANY NAME IN FULL Getinel Petrol ve Turizm A.Ş.					
FULL COMPANY ADDRESS Girne Bulv. Basak Mh No:146117 Yedigöller/ADANA					
WORKING TELEPHONE +90 322 3215060	FAX:				
E-MAIL nazan@getinel.com	WEBSITE: www.getinelturizm.com				
HOME ADDRESS Kurttepe Mh Gamligi Villalar North Guburcu/ADANA					
HOME TELEPHONE NUMBER:					
ADDRESS FOR CORRESPONDENCE: BUSINESS <input checked="" type="checkbox"/> HOME: <input type="checkbox"/>					
ACTIVITY OF COMPANY Tourism Hotel Management					
CANDIDATE'S POSITION General Manager				SINCE 01/03/98	
CANDIDATE'S DUTIES					
NUMBER OF HOURS IN ABOVE POSITION WEEKLY 45 NUMBER OF WEEKLY HOURS IN OTHER WORK IF NOT FULL TIME <input type="text"/>					
TYPE OF OTHER WORK					
COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY				NUMBER OF YEARS IN TRAVEL/TOURISM 10	
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"/> TO <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"/> TO <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 SKAL PLEASE STATE THE NAME(S) OF THE CLUB(S), CATEGORY OF MEMBERSHIP (ACTIVE, LIFE, ASSOCIATE OR LOCAL) 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.skai.org

<p>CANDIDATE'S BUSINESS CARD</p> 	<p>SKAI INTERNATIONAL USE ONLY</p> 
<p>CANDIDATE'S SIGNATURE: </p>	
<p>DATE: 24 / 1 / 2021</p>	

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

For Active Membership:

PROPOSED BY:	NAME: <u>DURSUN BILCAN</u>	CARD N°:	<input type="text"/>
	SIGNATURE: _____		<input type="text"/>
PROPOSED BY:	NAME: <u>GÖKHAN KARDEŞ</u>	CARD N°:	<input type="text"/>
	SIGNATURE: 		<input type="text"/>

AFFIRMATION

The undersigned, President and Secretary of Skai International: _____
 confirm that the above candidate (name): _____
 fulfills the conditions for Active Membership of Skai in classification code n°: _____, in accordance with the Skai International By-Laws Article I, Section I.
 Space for additional information regarding the proposed member:

<p>SIGNATURE: _____ President</p> <p>PRINT NAME: _____</p> <p>DATE: <input type="text"/></p>	<p>SIGNATURE: _____ Secretary</p> <p>PRINT NAME: _____</p> <p>DATE: <input type="text"/></p>
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This application has been seen by the National Committee (No National Committee signature will apply for Associated Clubs).

SIGNATURE: _____

Name & Position: _____

DATE:

Skai International makes known of the existence of a computerized 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.skai.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 computerized file and the receipt of messages and news relative to Skai International in accordance with the terms of the current regulation 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 Skai International, P.O. Box 466, 29620 Torremolinos, Málaga, Spain.

To us write: SKAI INTERNATIONAL - GENERAL SECRETARIAT - PO BOX 466 - 29620 TORREMOLINOS - SPAIN
 TEL 34 95 238 91 11 - FAX: 34 95 237 00 13 - E-mail: skai@skai.org



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Founded 1934

MEMBERSHIP PROPOSAL FORM

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CANDIDATE'S DATA:

FAMILY NAME: <u>Atilla</u>		FIRSTNAME: <u>A. Alp</u>		<input checked="" type="checkbox"/> MP <input type="checkbox"/> MPS <input type="checkbox"/> M2	
DATE OF BIRTH: <u>04/04/57</u>	PLACE OF BIRTH: <u>Istanbul</u>		COUNTRY: <u>Turkey</u>		
COMPANY NAME IN FULL: <u>BN Thermal & SPA Hotel</u>					
FULL COMPANY ADDRESS: <u>icmaler marketi Masin / Turkey</u>					
WORK TELEPHONE: <u>90 324 422 52 42</u>	COUNTRY CODE: <u>90</u>		AREA CODE: <u>324</u>		FAX: <u>90 324 422 52 43</u>
E-MAIL: <u>Aatilla@bnhotels.com.tr</u>			WEBSITE:		
HOME ADDRESS:					
HOME TELEPHONE NUMBER:					
ADDRESS FOR CORRESPONDENCE: BUSINESS: <input checked="" type="checkbox"/> HOME: <input type="checkbox"/> (Please indicate by X)					
ACTIVITY OF COMPANY: <u>Hotel business</u>					
CANDIDATE'S POSITION: <u>General Manager</u>				SINCE: <u>190721</u>	
CANDIDATE'S DUTIES: <u>Responsible from all hotel operation</u>					
NUMBER OF HOURS IN ABOVE POSITION WEEKLY: <input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF WEEKLY HOURS IN OTHER WORK IF NOT FULL TIME: <input type="text"/> <input type="text"/> <input type="text"/>					
TYPE OF OTHER WORK:					
COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY: <u>190721</u>				NUMBER OF YEARS IN TRAVEL/ TOURISM: <u>40</u>	
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: <u>DoubleTree Hilton Unenye</u>			ACTIVITY:		
POSITION HELD: <u>General Manager</u>			FROM: <u>010218</u> TO: <u>160721</u>		
COMPANY NAME: <u>Holiday Inn Sisi / Istanbul</u>			ACTIVITY:		
POSITION HELD: <u>General Manager</u>			FROM: <u>010216</u> TO: <u>311217</u>		
COMMENTS REGARDS PREVIOUS OR PRESENT EMPLOYMENT:					
IF YOU HAVE PREVIOUSLY BEEN A MEMBER OF SKAL PLEASE STATE THE NAME(S) OF THE CLUB(S), CATEGORY OF MEMBERSHIP (ACTIVE, LIFE, ASSOCIATE OR LOCAL) AND THE PERIOD(S) OF MEMBERSHIP:					
<u>Ankara SKAL - 2000 - 2004</u>					
INTRODUCED BY: <u>Can Aksit</u>					

* 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.skall.org

CANDIDATE'S BUSINESS CARD

BNHOTEL
INTERNATIONAL & SPA

Alp ATILLA

General Manager
General Manager

+90 533 156 2123

aatilla@bnhotels.com.tr

T: +90 324 422 52 42 F: +90 324 422 52 43

İçmeler Mh. İçmeler Sk. İçmeler Mevki No:505A Akdeniz/MERSİN

SKAL INTERNATIONAL USE ONLY



CANDIDATE'S SIGNATURE:

Alp Atilla

DATE:

27 12 21

The undersigned Active Skål Members certify that the above details are correct

and we recommend (name):

for Active Membership.

PROPOSED BY:

NAME: CAN AKSİT

SIGNATURE:

CARD ID:

□ □ □ □ □ □ □ □

PROPOSED BY:

NAME: MELTEM ÖZDEMİR

SIGNATURE:

CARD ID:

□ □ □ □ □ □ □ □

AFFIRMATION

The undersigned, President and Secretary of Skål International:

confirm that the above candidate (name):

fulfills the conditions for Active Membership of Skål in classification code n°: _____, in accordance with the Skål International By-Laws Article I, Section I.

Space for additional information regarding the proposed member:

SIGNATURE:

President

PRINT NAME:

SIGNATURE:

Secretary

PRINT NAME:

DATE:

□ □ □ □ □ □

DATE:

□ □ □ □ □ □

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

SIGNATURE:

Name & Position:

DATE:

□ □ □ □ □ □

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