



SKÅL INTERNATIONAL

International Association of Travel and Tourism Professionals
Founded 1934

MEMBERSHIP PROPOSAL FORM

SKÅL INTERNATIONAL: **TC kimlik No yazınız**

Nº:

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:

Cinsiyet işaretleyiniz
(please indicate by X)

FAMILY NAME: ADINIZ	FIRST NAME: SOYADINIZ	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.			
DATE OF BIRTH: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PLACE OF BIRTH: ANKARA	COUNTRY: TÜRKİYE			
COMPANY NAME IN FULL: Çalıştığınız iş yeri tam adı yazınız					
FULL COMPANY ADDRESS: İş yeri adresi					
WORK TELEPHONE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	COUNTRY CODE: +90	AREA CODE: 242			
NUMBER: 2478797		FAX: 2471067			
E-MAIL: isyerimail@sirketadi.com	WEBSITE: www.isyeriadii.com				
HOME ADDRESS: Ev Adresi yazınız					
*** Lütfen buraya CEP TELEFONU yazınız ***		HOME TELEPHONE NUMBER: Ev telefon numarası / zorunlu değildir			
ADDRESS FOR CORRESPONDENCE: BUSINESS: <input type="checkbox"/>	HOME: <input type="checkbox"/>	Üye kaydınızda hangi adresinizi kullanmak isterseniz işaretleyiniz (please indicate by X)			
ACTIVITY OF COMPANY: İş yerinizin faaliyet alanı (Otel, Acenta, havayolu vb.)	Göreve başlama tarihiniz				
CANDIDATE'S POSITION: Pozisyon (Genel Müdür, Kurucu ortak vb)	SINCE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
CANDIDATE'S DUTIES: Sorumluluk alanlarınız (zorunlu değildir)					
NUMBER OF HOURS IN ABOVE POSITION WEEKLY: <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>		
TYPE OF OTHER WORK: Başka bir iş ile uğraşmıyorsunuz?					
COMMENCEMENT OF EMPLOYMENT WITH PRESENT COMPANY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NUMBER OF YEARS IN TRAVEL/TOURISM: <input type="text"/> <input type="text"/>				
Mevcut iş yerinde işe başlama Tarihi			Turizm sektöründe kaç yıldır çalışıyorsunuz?		
1 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 SKÅL PLEASE STATE THE NAME(S) OF THE CLUB(S), CATEGORY OF MEMBERSHIP (ACTIVE, LIFE, ASSOCIATE OR LOCAL) AND THE PERIOD(S) OF MEMBERSHIP:					
Daha evvel SKAL üyesi olduysanız, ülke, bölge ve kulüp adını yazınız... Skal üyeliğiniz daha evvel yok ise boş bırakabilirsiniz					
INTRODUCED BY: SKAL derneğini nereden duydunuz? Tavsiye, size bizi hangi üyemiz önerdi? internet vb.					

* 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.skål.org

1 Mevcut işyerinizde 3 yıldan az süredir çalışıyorsanız, aşağıda belirtilen bölümlere sondan başlayarak, diğer iş yerlerinizi ve sürelerini yazınız.

CANDIDATE 'S BUSINESS CARD:

SKÅL INTERNATIONAL USE ONLY:

**KARTVİZİT
ZIMBA veya
İMAJ FOTOSU**

**FOTO
Zimba
veya
İMAJ**

Başvuru Tarihi

CANDIDATE 'S SIGNATURE:

İMZANIZ

DATE:

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

for Active Membership.

PROPOSED BY:

NAME: _____

CARD N°:

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SIGNATURE:

PROPOSED BY:

NAME: _____

CARD N°:

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SIGNATURE:

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:

**BU BÖLÜM SKAL YETKİLİLERİ
TARAFINDAN DOLDURULACAKTIR
LÜTFEN BOŞ BIRAKINIZ...**

SIGNATURE: _____

President

PRINT NAME: _____

SIGNATURE: _____

Secretary

PRINT NAME: _____

DATE:

D	D	M	M	Y	Y
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DATE:

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

SIGNATURE: _____

Name & Position: _____

DATE:

D	D	M	M	Y	Y
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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