



*Clefs d'Or Suisse*



Les Clefs d'Or®

APPLICATION FOR MEMBERSHIP

**APPLICANT**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

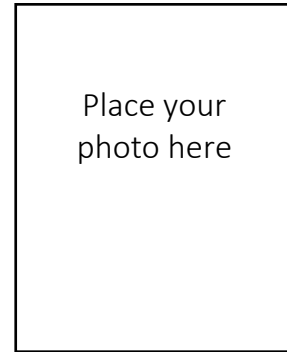
DATE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

PERSONAL E-MAIL \_\_\_\_\_

WORKPLACE \_\_\_\_\_



**CV**

HOTEL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

YEARS FROM - TO \_\_\_\_\_

REFERENCE \_\_\_\_\_

HOTEL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

YEARS FROM - TO \_\_\_\_\_

REFERENCE \_\_\_\_\_

HOTEL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

YEARS FROM - TO \_\_\_\_\_

REFERENCE \_\_\_\_\_

HOTEL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

YEARS FROM - TO \_\_\_\_\_

REFERENCE \_\_\_\_\_



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**Les Clefs d'Or®**

**PROPOSER 1**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

HOTEL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

MEMBER SECTION \_\_\_\_\_

**PROPOSER 2**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

HOTEL \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_

MEMBER SECTION \_\_\_\_\_

**IMPORTANT**

Two letters of recommendation from two active Les Clefs d'Or members must be attached to the application.

Without the letters of recommendation the application cannot be accepted.

**ADDITIONAL COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify with my signature that the particulars given on this form are correct.

SIGNATURE \_\_\_\_\_

CITY & DATE \_\_\_\_\_