



Clefs d'Or Suisse

Les Clefs d'Or Suisse
Section Les Clefs d'Or Genève

MEMBERSHIP FORM

Name **	First name **
Born (DD/MM/YYYY)	Birthplace
Nationality	Gender <input type="checkbox"/> M <input type="checkbox"/> F

Address	
Zip	City
Telephone	Personal email **

Hotel **	
Hotel group **	
Address **	
Zip **	City **
Telephone **	Fax **
Direct line **	Professional email **
Website **	Concierge service email **
Title **	Since **
Type of contract / Duration	

Have you already been a Member of « Les Clefs d'Or » ? **	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member section : **	
Notes :	

Sponsor 1		Sponsor 2	
Name & First name **		Name & First name **	
Hotel - City		Hotel - City	
Position	Membership number	Position	Membership number

Information marked ** will be shared in the Book of Members of UICH « Les Clefs d'Or ».



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Professional experience ** (Minimum 5 past years)					
From	To	Hotel	City	Country	Position

Please check boxes.

☐ I, the undersigned, certify that all the information contained in this document is accurate and declares that I wish to join Les Clefs d'Or Suisse, member section of Union Internationale des Concierges d'Hôtels "Les Clefs d'Or", and submit to the statutes, rules of procedure and perform my duties in accordance with the U.I.C.H. Charter.

☐ I understand that it is my responsibility to update Les Clefs d'Or Suisse, about any change in the information given in this application form.

☐ I am informed that the insignia of the association as those of the U.I.C.H. "Les Clefs d'Or" which will be given to me after acceptance of my application and throughout the duration of my membership:

- are registered models and trademarks, property of Les Clefs d'Or and protected by law.
- can only be worn as part of my Hotel Concierge activity and only as long as I am a member of the association.
- will not be worn any longer once I no longer remain a member of the association Les Clefs d'Or Suisse, whatever the reasons. are not transferable to third parties, even for an honorary reason, without the agreement of the Board of Directors.

☐ From the moment I no longer remain a member of the association Les Clefs d'Or Suisse, and consequently of U.I.C.H. "Les Clefs d'Or", I will only be able to refer to my membership as past and will not use the names and logos of the association on any type of correspondence or publication.

☐ I authorize Les Clefs d'Or Suisse to create a record about me in the UICH Book of Members and communicate any of the above mentioned information or attachments to UICH « Les Clefs d'Or » at any moment and upon simple request*.

City, date

Signature



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Required attachments :

- ☐ Applicant's covering letter.
- ☐ Applicant's full resume.
- ☐ Applicant's ID photo (paper and digital).
- ☐ Applicant's photo in full uniform (paper and digital).
- ☐ Applicant's job descriptions copy.
- ☐ Letter of recommendation from each of your sponsors, members of UICH « Les Clefs d'Or ».
- ☐ All necessary work certificates covering five years of activity in a hotel lobby, two in the position of Concierge (including one issued by your hotel at the moment of the application with mention of your job title using the word « Concierge » and your seniority).
- ☐ A copy of your payslip hiding the financial information but showing the job title using the word « Concierge ».
- ☐ A copy of Les Clefs d'Or Charte signed by the applicant and his/her two sponsors.

Any section may add additional criteria, fix longer service time or require more documents such as
- Letter of recommendation from your General Manager
- Letter of recommendation from your Head Concierge
etc.

U.I.C.H. « Les Clefs d'Or », as an association registered in France. As such, it complies with the CNIL requirements (Commission Nationale Informatique & Libertés) which protects personal data, supports innovation and preserves individual liberties.
It also complies with European GDPR/RGDP. All collected data will be used for the sole administrative purposes of UICH. Each Member can decide to display some of the information or not, and to make it available to membership only or to affiliates.

All information required in this document is necessary to your application

Consent:

Please check boxes.

- ☐ By completing this registration form, I agree that UICH "Les Clefs d'Or" may collect, process, store and / or use the personal data submitted in compliance with the rules set out below.
- ☐ By giving you my consent, I understand that I also retain the right to withdraw my consent, and the right to have my personal data deleted
- ☐ I understand and agree that collecting my personal data is to check that my membership is in accordance with the statutes of our association;
- ☐ I understand and agree that collecting my personal data is to allow me to be in touch with all the members of our association;
- ☐ I understand and agree that the collection of my personal data will be utilized to inform me of the status and progression of our association.

First name, Name

Member number

City, date

Signature



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Date :	<input type="checkbox"/> Accepted	<input type="checkbox"/> Refused
Reasons for refusal:		
Signatures of examining members:		

Retired on : _____	Position: _____ Hotel: _____
Transferred on: _____	Section: _____
Deceased on: _____	<input type="checkbox"/> Active <input type="checkbox"/> Retired
Resigned on: _____	Reason:
Expelled on: _____	Reason:
<input type="checkbox"/> Requested to have personal data deleted Date: _____	