STREET ADDRESS:

23182 Arroyo Vista Rancho Santa Margarita, CA 92688 Phone: (949) 858-8255

Phone: (949) 858-8255 Fax: (949) 858-1207



POST OFFICE ADDRESS: P.O. Box 9052

P.O. Box 9052 Mission Viejo, CA 92690

| _ | URGENT | Γ |
|---|------------|----------|
| \ | -DOR'I DO- | \ |
| \ | OCTOBER 1 | |
| 1 | | |

| District Number | |
|-----------------|--|
| Club Number | |

Semiannual Report Of Club Membership

FOR THE PERIOD OF OCTOBER 1, THROUGH MARCH 31,

Semiannual requirements are due October 1. The complete report (report form, computer-generated list and payment) must be received by World Headquarters no later than 5:00 p.m. PT October 10 to ensure that your Club receives credit in the Distinguished Club Program. **Dues are payable in advance and are non-refundable and non-transferrable.**

| Submitted by: | | | | | | | |
|---|----------------|-------------|--------------------|------------|-------------------|--------------------|------------------|
| | | | | | | Toa | stmasters Club |
| Of | | | Club Name | | | | |
| City | | | State/P | rovince | | | Country |
| Payment is submi | tted for | | members @ | \$18.00 (l | JS funds) = \$ | | |
| (This total must agr | ee with the c | orrected me | mbership list retu | urned with | this report.) | | |
| NOTE: Members jo on or after October | | | | | | | members joining |
| PAYMENT INFO | RMATION | Choose of | one: | | | | |
| ☐ Check | No | | _ Amount \$ _ | | | | |
| ☐ Credit Card | \square MC | ☐ Visa | ☐ American | Express | ☐ Discover | Amount \$ | |
| No | | | | | Expiration | n date | |
| Signature | | | | | | | |
| Other | | | | | | | |
| Note: Only one cr | edit card ma | ay be used | for the entire tr | ansaction | n. Multiple credi | it cards cannot b | ne accepted. |
| TO: The Finance D | epartment o | of Toastmas | sters Internation | al, P.O. B | ox 9052, Missio | on Viejo, Californ | nia 92690 U.S.A. |
| In compliance with undersigned Officer and that there is du | r of the above | -named Clu | b, hereby certify | that on Oc | | | |
| PLEASE PRINT CI | EARLY | | | | | | |
| Name of person submitting report | | | E-mail address | | | | |
| Officer title | | | | Date | | | |