T O A S T M A	STERS IN	TERNATIONAL			
_		_			
LEAD	ership/Distinguished]				
Awards Application					
Member No.	Club Name & No.	District			
Name	NT OR TYPE (AS YOU WOULD LIKE IT TO APPEAR ON CERTIFICATE)	Date			
PLEASE PRI					
	DTM APPLICANTS MUST PROVIDE A STREET ADDRES				
City	State/Province	Zip/Postal Code			
Country	Email Address				
Permanent Address Change?	JYes 🗍 No Phone				
you send the application to Wo Competent Leader (comple Distinguished Toastmaster	te Section I)	plete Section II)			
I. COMPETENT LEADER					
	tmaster (CTM) award Date	Club/District No			
Vice President Public Relat	* as a club officer (President, Vice President Educa tions, Secretary, Treasurer, or Sergeant at Arms) an erving in this office.	nd participated in the preparation of a			
	fficer from July1 through December 31 or January 1 through x months must be completed at the time you submit this app				
Office held		in Club No			
Served six months as follo	ows (check one and fill in year)				
July 1 – December	31,				
January 1 – June 30),				
Date you helped prepare a	a Club Success Plan for your club	NTH YEAR			
	ficer, participated in a district-sponsored club offic l clubs need not complete this requirement.)	cer training program.			
Date attended training					
(Success/Communication,	from The Successful Club Series and/or The Leade , Success/Leadership, Youth Leadership and The B t be those completed for other awards.)				
PROGRAM NAME		DATE PRESENTED			
1					
2					

II. ADVANCED LEADER

• Received Competent Leader award					
 Served a complete term* (July 1 – June 30) as a dis Relations Officer, Secretary, Treasurer, Division Go not complete this requirement.) (*Term must be completed at the time you submit this applied 	overnor, Area Gov				
Office held		District 1	No		
Date served (fill in years) July 1, through June 30,	_				
• Completed the High Performance Leadership Prog	gram.				
Club No Certificate No		Date Received			
 Served successfully as sponsor* (up to two allowed Governor) of a new club. Name must appear on A (*Members are successful sponsors when the new club charten his/her duties. World Headquarters must receive this letter (**Members are successful mentors after they have worked w sends World Headquarters a letter verifying that the ment 	d) or mentor** (u application to Or ers and sends World no later than 90 day with the new club for	p to two allowed, appointed by ganize (Form 5). Headquarters a letter verifying that th ys after the club charter date.) • at least six months following its char	the District e sponsor performed		
New Club Name	New Clu	b No Date Charte	red		
OR					
Served successfully as a club coach or club specialist (Up to two allowed per club. Coaches and specialists must be appointed by the District Governor and World Headquarters must have the appointment notice on file.)					
Club Name	Club No.	Appointment Date			
III. DISTINGUISHED TOASTMASTER • Received Advanced Toastmaster Gold award					
Keterveu Auvanteu roastinaster Golu awaru	CLUB NO.	CERTIFICATE NO. (If applicable)	DATE RECEIVED		
► Received Advanced Leader award	CLUB NO.	CERTIFICATE NO. (If applicable)	DATE RECEIVED		

CLUB OFFICER VERIFICATION

The Toastmaster whose name appears above has completed all of the requirements for this award.

SIGNATURE (MEMBERS MAY NOT SIGN	PRINT NAME		CLUB OFFICE HELD	
	ut my award to my employer or s nd do not abbreviate title or comp			
Name of Employer/Supervisor			Title	
Address 1				
Address 2				
City	State/	Province	ZIP/Postal Code	
Country	E	-mail		
		INTERNATIONAL Mission Viejo, Californ ax: 949.858.1207 • ww		