

Instructions for Completing the Club and Officer Information Report

Use this Club and Officer Report to submit the names and addresses of your club officers. This information makes it possible for your officers to receive monthly mailings and other services from World Headquarters. THE CLUB INFORMATION REQUIRED AT THE TOP OF THE FORM IS VERY IMPORTANT AS IT IS PUBLISHED IN THE CLUB DIRECTORY AND USED IN ANSWERING INQUIRIES CONCERNING YOUR CLUB.

Type or print in the spaces provided your club meeting place, meeting frequency, day of the week, time, etc. List all club officers, giving full name and mailing address including zip code, telephone numbers, and e-mail address where indicated. If your club has a post office box number, please use it as the address for all officers on this form.

Make a copy and deliver it to your local Chamber of Commerce since it often receives calls from people interested in attending a Toastmasters club meeting.

Term of Office (check only one box and fill in year)

- Annual (July 1, _____ to June 30, _____)
- Semiannual (July 1 to December 31, _____)
- Semiannual (January 1 to June 30, _____)

NOTE: Toastmasters International's Club Constitution and Bylaws state club officer terms must conform to the above schedule. Only those clubs that meet weekly may elect officers for semiannual terms.

GIVE COMPLETE NAMES - NOT INITIALS. IF CLUB HAS A P.O. BOX -
USE IT FOR ALL CLUB OFFICERS. INCLUDE (AREA CODE) ON ALL PHONE NUMBERS.

CLUB AND OFFICER INFORMATION

TYPE OR PRINT ALL INFORMATION

Club Name _____
 Club Number _____ District Number _____
 Contact phone number (_____) _____
 Meets Weekly 1st & 3rd 2nd & 4th
 Other _____
 Day _____ Time _____ AM / PM (CIRCLE ONE)
 Club Web Site _____
 Club E-Mail _____
 Meeting Place:

 _____ NAME
 _____ ADDRESS
 _____ CITY
 _____ STATE / PROVINCE _____ ZIP / POSTAL CODE

Please check the box which best describes your Club.

- | | |
|--|---|
| <input type="checkbox"/> 1. Community Club | <input type="checkbox"/> 6. College Club |
| <input type="checkbox"/> 2. Company Club | <input type="checkbox"/> 7. Church Club |
| <input type="checkbox"/> 3. Government agency | <input type="checkbox"/> 8. Advanced Toastmasters |
| <input type="checkbox"/> 4. Military Club | <input type="checkbox"/> 9. Other Institution or Specialized Club |
| <input type="checkbox"/> 5. Correctional Institution | |

List sponsoring company/government agency/school, etc. _____

Is your Club:

- Open to all interested persons [O]
 Open only to members of a specific organization or group [G]

Minimum Officer Requirements: Clubs must report at least a President, one Vice President, and a Secretary or Secretary/Treasurer, and these offices must be held by three different individuals.

<p>Term of Office (check only one box and fill in year)</p> <p><input type="checkbox"/> Annual (July 1, _____ to June 30, _____)</p> <p><input type="checkbox"/> Semiannual (July 1 to December 31, _____)</p> <p><input type="checkbox"/> Semiannual (January 1 to June 30, _____)</p> <p>Note: Toastmasters International's Club Constitution and Bylaws state Club officer terms must conform to the above schedule. Only those Clubs that meet weekly may elect officers for semiannual terms.</p> <p>GIVE COMPLETE NAMES – NOT INITIALS. IF CLUB HAS A P.O. BOX – USE IT FOR ALL CLUB OFFICERS. INCLUDE (AREA CODE) ON ALL PHONE NUMBERS.</p>	<p style="text-align: center;">SECRETARY</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>
<p style="text-align: center;">PRESIDENT</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>	<p style="text-align: center;">TREASURER</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>
<p style="text-align: center;">VICE PRESIDENT EDUCATION</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>	<p style="text-align: center;">VICE PRESIDENT PUBLIC RELATIONS</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>
<p style="text-align: center;">VICE PRESIDENT MEMBERSHIP</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>	<p style="text-align: center;">SERGEANT AT ARMS</p> <p>NAME _____ <input type="checkbox"/> CTM <input type="checkbox"/> ATM <input type="checkbox"/> DTM</p> <p>ADDRESS _____</p> <p>CITY _____ STATE / PROVINCE _____ ZIP / POSTAL CODE _____</p> <p>(_____) _____ (_____) _____</p> <p style="text-align: center;">HOME PHONE BUSINESS PHONE</p> <p>(_____) _____</p> <p style="text-align: center;">FAX NUMBER</p> <p>_____</p> <p style="text-align: center;">E-MAIL</p>

Send WHQ copy to: TOASTMASTERS INTERNATIONAL
 P.O. Box 9052 • Mission Viejo, CA 92690 U.S.A.
 FAX: (949) 858-1207

 SIGNATURE