

# CLUB AND OFFICER INFORMATION FORM

Please type or print clearly

Please check the box that best describes your Club:

Club Number: \_\_\_\_\_ District Number: \_\_\_\_\_

Club Name:\* \_\_\_\_\_

Contact Information:

Club Phone Contact: \_\_\_\_\_

Club E-Mail: \_\_\_\_\_

Club Web Site: \_\_\_\_\_

Club Meeting Information:

Meeting Day: \_\_\_\_\_ Meeting Time: \_\_\_\_\_

Club Meeting Place:

Facility: \_\_\_\_\_

(if applicable)

Address: \_\_\_\_\_

City:\* \_\_\_\_\_ State/Province:\* \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- |  |   |
|--|---|
| <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/governing agency/school, etc. (if applicable): \_\_\_\_\_

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.**

\* If the club name and/or location is different than what is recorded at WHQ, the information on this form serves as a resolution to the club's Constitution and Bylaws and the records at WHQ will be updated.

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.**

If your club has an address for officer information, please indicate that address below. If no address is filled in, each officer's home address will be used.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**PRESIDENT:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**VICE PRESIDENT EDUCATION:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**VICE PRESIDENT MEMBERSHIP:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**VICE PRESIDENT PUBLIC RELATIONS:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**TREASURER:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**SERGEANT AT ARMS:** \_\_\_\_\_ Member No.: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

SEND WHQ COPY TO: TOASTMASTERS INTERNATIONAL, Officer Lists  
P.O. Box 9052, Mission Viejo, CA 92690 USA. Or FAX it to: 949-858-1207.

You can enter the information online by visiting [www.toastmasters.org](http://www.toastmasters.org).

Send by one method only; please do not send duplicates.

SIGNATURE \_\_\_\_\_

Copy Distribution: WHQ District Governor Club