FORM
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# Club Information

***Please type or print clearly exactly as you would like it to appear on your club charter certificate.***

Club Name: _____ Club No. _____ District _____

**Contact Information:**

Club Contact Phone Number: _____

Club Contact Email: _____

Club Website: _____

**Club Meeting Information:** ☐ Weekly ☐ 1st & 3rd ☐ 2nd & 4th

Meeting Day _____ Meeting Time: _____

Meeting Place: _____

Facility *(if applicable)*: _____

Address: _____

_____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

**Please check the box that best describes your club:**

- ☐ Community
- ☐ Company
- ☐ Government Agency
- ☐ Correctional Institution
- ☐ College
- ☐ Church
- ☐ Advanced Toastmasters
- ☐ Other

**Is your club supported by a company/organization?**

☐ Yes ☐ No

**If yes, please check all that apply:**

- ☐ Organization pays dues and new member fees
- ☐ Organization pays dues only
- ☐ Organization pays new member fees only
- ☐ Organization pays club charter fee
- ☐ Organization provides meeting location

**Is your club:**

☐ Open to all interested persons ☐ Open only to members of a specific organization or group

## Company/Organization Information:

This is the organization that may pay dues, charter fees, new member fees, and/or provide a meeting location. Please provide the name of the **parent company**. Example: Company X. Do not enter affiliate name. Example: Company X of California.

Organization Name _____ Organization Contact _____

Website _____ Phone Number _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ Country _____ ZIP/Postal Code _____

Industry _____

## GROUP EXEMPTION AUTHORIZATION

**Return with Charter Application Forms (U.S. clubs only) to Toastmasters International**

You are authorized to include this Toastmasters club:

_____

in the application for group exemption filed with the Internal Revenue Service.

Signed _____ Date _____