

Club Information

Please type or print clearly

WHQ USE ONLY	
Charter No. _____	District _____

Club Name: _____

Contact Information:

Club Contact Phone Number: _____

Club Contact E-mail: _____

Club Web Site: _____

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:

- 1. Community
- 2. Company
- 3. Government Agency
- 4. Military
- 5. Correctional Institution
- 6. College
- 7. Church
- 8. Advanced Toastmasters
- 9. Other

List sponsoring company/governing agency/school/other, etc.: _____

Is your club:

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

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 _____