



TOASTMASTERS INTERNATIONAL®

APPLICATION TO ORGANIZE A TOASTMASTERS CLUB

Send completed forms and money to:

23182 Arroyo Vista • Rancho Santa Margarita, CA 92688 USA
PO Box 9052 • Mission Viejo, CA 92690 USA • (949) 858-8255 • FAX (949) 858-1207

The undersigned applicant club, operating provisionally as a Toastmasters club since \_\_\_\_\_,
\_\_\_\_\_ hereby applies for membership in Toastmasters International in accordance with Article III, Section 3,
of the Articles of Incorporation and Bylaws of Toastmasters International and requests permission to organize
a Toastmasters club in: City \_\_\_\_\_ State/Province \_\_\_\_\_
Country \_\_\_\_\_ Date \_\_\_\_\_.

It is understood that such permission when granted will give this group the right to use the name,
procedures and materials of Toastmasters International as a provisional club for four (4) months from the date
received by World Headquarters.

It is agreed that the right to use the Toastmasters emblem, the name Toastmaster or Toastmasters shall
be conditioned upon permission for such use being granted by Toastmasters International; such use shall be
discontinued if Charter is not granted, or if applicant club shall be required to do so at any time in the future
for cause by Toastmasters International.

In order to qualify for a charter, a club must have a minimum of 20 members, 17 of which cannot
belong to another Toastmasters club.\*

All Toastmasters clubs must meet the following minimum requirements: meet at least twelve (12) times
per year; have members give oral speeches and give and receive oral evaluations; and give members the
opportunity to develop and practice leadership skills.

Membership in a Toastmasters club is by invitation only, and is subject to a vote by the members of the
club. No person shall be excluded from membership in a Toastmasters club, and no member shall be deliber-
ately discriminated against, in the conduct of official Toastmasters programs, because of age (except those
persons under 18 years of age), race, color, creed, gender, national or ethnic origin, sexual orientation, or
physical or mental disability, so long as the individual, through his or her own efforts, is able to participate in
the program.

If granted, the Charter and membership may be revoked by Toastmasters International for cause— including,
but not restricted to: Conduct unbecoming a Toastmasters club; failure to remain in good standing with
Toastmasters International; or abandonment of the Charter and membership by applicant club.

As club correspondent and on behalf of the applicant club, I agree to the terms and conditions listed above,
signed, \_\_\_\_\_ Date \_\_\_\_\_.

Please type or print the following information:

Correspondent's Name \_\_\_\_\_

Address \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Sponsoring Organization (if applicable) \_\_\_\_\_

Please make 2 copies of this document. Mail one to World Headquarters, one to
your District Governor, and keep the original in your club's permanent records.

**PAYMENT:**

Charter Fee of US \$125.00 is not refundable or transferrable. Clubs meeting in the state of California must include sales tax of 7.75% for a total of \$134.69.

- Charter Fee included with application.
- Charter Fee to be submitted within 30 days. (Kit will not be sent without fee.)
- Charter Fee to be submitted with per capita dues, service charge, and charter application forms. (Kit will not be sent without fee.)

Check     Credit Card    MC    Visa    American Express    Discover    (CIRCLE ONE)

No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**MEMBERSHIP CATEGORY:**

<input type="checkbox"/> Community Club	<input type="checkbox"/> Chinese	<b>QTY</b>	_____
<input type="checkbox"/> Company Club	<input type="checkbox"/> English		_____
Name _____	<input type="checkbox"/> French		_____
<input type="checkbox"/> Advanced Club	<input type="checkbox"/> German		_____
<input type="checkbox"/> Other	<input type="checkbox"/> Japanese		_____
Specify _____	<input type="checkbox"/> Spanish		_____
	<input type="checkbox"/> Visually Impaired		_____

*If you know you will need fewer than 20 New Member Kits, please specify quantity you think you will need. Twenty kit maximum if only submitting charter fee.*

**SPONSORING CLUB (up to two):**

This is an existing Toastmasters club that assists in the formation of the applicant club.

Club No. \_\_\_\_\_ Club No. \_\_\_\_\_

**INDIVIDUAL TOASTMASTER SPONSORS (up to two):**

These are individuals who assist in the formation of the club before charter is granted.

Name \_\_\_\_\_ Home Club No. \_\_\_\_\_

Name \_\_\_\_\_ Home Club No. \_\_\_\_\_

**DISTRICT INFORMATION**

**INDIVIDUAL TOASTMASTER MENTORS (up to two): Assigned by the District Governor**

These are individuals who assist the club for at least six months after charter is granted.

Name \_\_\_\_\_ Home Club No. \_\_\_\_\_

Name \_\_\_\_\_ Home Club No. \_\_\_\_\_

New Club Alignment: Division \_\_\_\_\_ Area \_\_\_\_\_

\*Except in the case of advanced clubs where dual membership is a prerequisite. For further details regarding the requirements for advanced clubs, please contact your District Governor or World Headquarters.