Application For Membership in a Toastmasters Club      Prese print as shown in the example.     A B C D E F G H T K L M N O P Q I 2 3 4 5 6 7 8 9 0      Jostrict     O4     Cub Number: 2 73 6     Monthlyear joined:     J 2 0 0      Cub name: Speakeasy@sun     City: MENLO PARK, CA      Middle Partment Surface Park and Park      Partment Surface Park      Partment Surface Park and Park      Partment Surface Park      Park		TOASTMASTERS INTERNATIONAL®																
A B C D E F G H I J K L M N O P Q I 2 3 4 5 6 7 8 9 0         District:       O4         Cub Number:       2 73 6         Monthlyser joined:       / 2 0 0         Club name:       Speakeasy@sun         Club Namber:       Speakeasy@sun         Club Namber:       Speakeasy@sun         Speakeasy@sun       Speakeasy@sun         Speakeasy@sun       Speakeasy@sun         Speakeasy@sun       Number:         Speakeasy@sun       Speakeasy@sun         Speakeasy@sun       Speakeasy@sun         Speakeasy@sun       Speakeasy@sun         Spa	A	pplic	atio	n Fo	r M	lem	ber	sh	ip i	in a	Toa	stm	nast	er	s Cl	ub		
Club name:       Speakeasy@sun       City:       MENLO PARK, CA         Membership type:       New       Reinstated       Dual       Transfer from Club Number       District Number         IAST NAME:	AB	CD E	F (	<del>3</del> H :								34	- 5	6	78	9	0	
Membership type:       New       Reinstated       Dual       Transfer from Club Number       District Number         LAST NAME:       MIDLE:       MIDLE:       MIDLE:       MIDLE:         APARTMENT, SUITE, OR FLOOR NUMBER:       Image: Stream of the s	District: <b>04</b>	Clu	b Numbe	er: <b>2</b>	73	6	Month	ı/year	r joinec	1:			/ 2	0	0			
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APARTMENT, SUITE, OR FLOOR NUMBER:         APARTMENT, SUITE, OR FLOOR NUMBER:         STREET ADDRESS:         CITY:       STATE/PROVINCE:         ZIP/POSTAL CODE:         O MALE O FEMALE         New Member Sponsor: The person who recruited and/or encouraged the member to join.         AST NAME:         Sponsor's District         New Member Kit preference for new members only:         English       Geney recent the sponsor's full first and last names and home club number must appear.         New Member Kit preference for new members only:       Chinese         English       Spanish         Jaculifornia Clubs add 7.75% sales tax (\$1.24)       S         3) Total of 1, 1a, and 2       \$	Membership type	: O Nev	v O	Reinstate	ed (	) Dual	0	Trans	sfer fro	m Club	Numbe	r		Dist	rict Num	ber		
STREET ADDRESS:         CITY:       STATE/PROVINCE:         ZIP/POSTAL CODE:         O MALE O FEMALE         New Member Sponsor: The person who recruited and/or encouraged the member to join.         LAST NAME:       FIRST NAME:         MIDDLE:         Sponsor's District       Sponsor's Home         Club Number:       Club Number:         Sponsor's District       Sponsor's Home         Club Number:       Club Number:         Sponsor's District       Sponsor's Home         Club Number:       Check or money order in US funds         Member Kit preference for new members only:       Check or money order in US funds         Paid only by new members:       3) Total of 1, 1a, and 2         Paid only by new members:       Stee amount payable to         Toastmasters International       November or         November or       April         October or       April         October or       April         Stanary or       Juo         January or       Juo         January or       Juo         Gerebrary or       August         Berbury or       August         Club OFFICER – Please make a copy for your club's records and the original with payment to:         Dec	LAST NAME:							_	FIRS		:			1	1 1	MID	DLE:	
STREET ADDRESS:         CITY:       STATE/PROVINCE:         ZIP/POSTAL CODE:         O MALE () FEMALE         New Member Sponsor: The person who recruited and/or encouraged the member to join.         LAST NAME:       FIRST NAME:         MIDDLE:         Sponsor's District       Sponsor's Home         Club Number:       To ensure proper credit the sponsor's full first and last names and home elub number must appear.         New Member Kit preference for new members only:       Chinese         English       French         Spanish       Japanese         Paid only by new members:       Chinese         Castent tard processing.       3) Total of 1, 1a, and 2         1a) California Clubs add 7.75% sales tax (\$1.24)       S         2) Membership Dues (all members)       Ste amount payable to Toastmasters International         November or       January       15.00         October or       April       15.00         December or       June.       15.00         December or       June.       12.00         January or       July       9.00         February or       August       6.00																		
CITY:       STATE/PROVINCE:       ZIP/POSTAL CODE:         OMALE       FEMALE         New Member Sponsor: The person who recruited and/or encouraged the member to join.       LAST NAME:         MALE       FIRST NAME:         Mumber:       Sponsor's District         Sponsor's District       Sponsor's Home         Club Number:       To ensure proper credit the sponsor's full first and last names and home club number must appear.         New Member Kit preference for new members only:       Cassette tape (visually impaired only)         1)       NEW MEMBER FEE         Paid only by new members. Covers costs of the New Member Kit and processing.       3) Total of 1, 1a, and 2         1a) California Clubs add 7.75% sales tax (\$1.24)       \$         2) Member kit and processing.       Note: Your Club may also charge dues to meet club expenses. See other side for details (\$7.00 speakeasy@ sun Club dues.         Pro-rated at \$3 per month. Month chosen must match "month/year joined" listed above.       Please return completed application to a club officer. Check or money order in US dualiars must accompany this application. Dues and fies are payable to speakeasy@ sun Club dues.         Please return completed application to a club officer. Check or money order in US dualiars must accompany this application. Dues and fies are payable to speakeasy@ sun Club dues.         October or April       12.00       CLUB OFFICER – Please make check payable to speakeasy@ sun Club dues.      <	APARTMENT, S	UITE, OR	FLOOR		र: 													
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□ January       or       □ July       9.00        and send the original with payment to:         □ February       or       □ August       6.00        Toastmasters International	<ul> <li>Pro-rated at \$3 per month. Month chosen must match "month/year joined" listed above.</li> <li>October or April U.S. \$18.00 \$</li> </ul>								to meet club expenses. See other side for details: <b>\$7.00 speakeasy@sun Club dues.</b> <b>Please return completed application to a club officer.</b> Check or money order in US dollars must accompany this application. Dues and fees are payable in advance and are									
February or August 6.00 Toastmasters International	January c	or 🗌 Jul	у		9.00			-	and send the original with payment to:							ds		
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By my signature below, I agree to the terms of *A Toastmaster's Promise*, and the *Indemnification and Release* stated on the reverse side of this application.

APPLICANT

By my signature below, I certify that this individual has joined the Toastmasters Club identified above. As a Club, we will ensure that this member receives proper orientation and mentoring.

Signed: \_

Signed: \_

## ADDITIONAL INFORMATION YOUR CLUB MAY NEED:

HOME PHONE NUMBER:														
WO	RK P	HON	IE N	UME	BER:	If at	Sun	, als	o inc	lude	5-di	git e	xtens	sio
FAX NUMBER:														

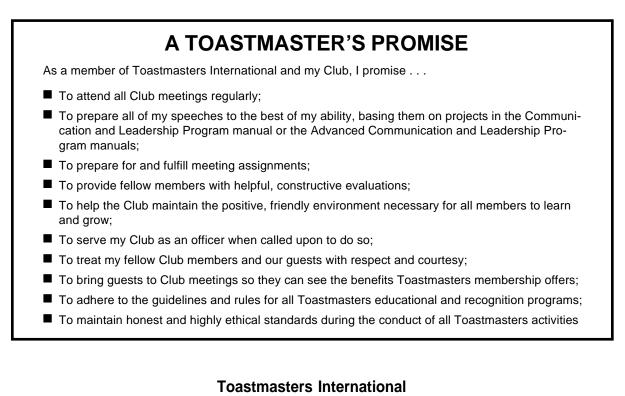
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WORK ADDRESS: If at Sun, please include your mailstop \_\_\_\_\_

E-MAIL ADDRESS:

## MEMBER'S AGREEMENT AND RELEASE:

Consistent with my desire to take personal responsibility for my conduct, individually and as a member of a Toastmasters Club, I agree to abide by the principles contained in "A Toastmaster's Promise" and the governing documents and policies of Toastmasters International and my Club. I will refrain from any form of discrimination, harassment, derogatory, illegal, or unethical conduct, and I understand that if I engage in such conduct, I may be responsible to reimburse Toastmasters International, my Club or other Clubs, or other individuals involved with Toastmasters, for any damages, losses, or costs resulting from my conduct. Understanding that Toastmasters programs are conducted by volunteers who cannot be effectively screened or supervised by Toastmasters International or its Clubs, I release and discharge Toastmasters International, its Clubs, governing bodies, and representatives from any liability for the intentional or negligent acts or omissions of any member or Officer of my Club or other Clubs, or any Officer of Toastmasters International.



P.O. Box 9052, Mission Viejo CA 92690, USA Telephone: (949) 858-8255 • Fax (949) 858-1207 http://www.toastmasters.org