

## **Charter Club Officer Information**

## Form 4

Term of office (check only one box)		Club number	District
☐ Annual ☐ Semiannual			
terms must conform to the abo Please provide email addresses	ove schedule. Only those c for all officers, which is a	national and Addendum of Standa clubs that meet weekly may elect of requirement to conduct club busi adicate below at least a pres	iness online.
and a secretary or secreta	ary/treasurer, and th	ese offices must be held by	three different individuals.
President		Vice President Education	
Name		Name	
Email		Email	
Member number (if known)		Member number (if known)	
Vice President Membership		Vice President Public Rel	lations
Name		Name	
Email		Email	
Member number (if known)		Member number (if knowr	n)
Secretary		Treasurer	
Name		Name	
Email Email			
Member number (if known)		Member number (if knowr	n)
Sergeant at Arms		By signing this form I confirm that I have gained the consent of all individuals listed to share their information for the sole purpose of Toastmasters International	
Name		essential communications.	
Email		Signed	
Member number (if known)		Date (DD/MM/YYYY)	

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