Toastmasters Membership Application

Club Number: 4293

District Number: 057

Month / Year Joined: ___ / ____

Club Name: Oakland Uptown City: Oakland

Membership Type:
- ○ New 6 months
- ○ Reinstated (break in membership)
- ○ Renewing (no break in membership)
- ○ Dual
- ○ Transfer from club Number / Name

LAST NAME / SURNAME / FAMILY NAME:

FIRST NAME / GIVEN NAME:

MIDDLE INITIAL / NAME:

OTHER ADDRESS INFO (FLOOR NUMBER, BUILDING NUMBER, MAIL STOP):

ADDRESS LINE 1 (APARTMENT OR SUITE NUMBER):

ADDRESS LINE 2 (HOUSE / BUILDING NUMBER, STREET NAME):

CITY: STATE / PROVINCE:

○ MALE
○ FEMALE

COUNTRY ZIP / POSTAL CODE:

HOME PHONE NUMBER:

WORK PHONE NUMBER:

FAX NUMBER:

New Member Kit preference for new members only:
- ○ English
- ○ French
- ○ Spanish
- ○ Japanese
- ○ Russian
- ○ Chinese (Mandarin)
- ○ Cassette tape (visually impaired only)

E-MAIL ADDRESS: _____

☐ Please do not send promotions to me from Toastmasters International's partners.

NEW MEMBER SPONSOR: The person who recruited and/or encouraged the member to join.

NOTE: *TO ENSURE PROPER CREDIT, THE SPONSOR'S FULL FIRST AND LAST NAME AND HOME CLUB NUMBER MUST APPEAR.*

LAST NAME / SURNAME / FAMILY NAME:

FIRST NAME / GIVEN NAME:

MIDDLE INITIAL / NAME: SPONSOR'S DISTRICT NUMBER: SPONSOR'S HOME CLUB NUMBER:

PLEASE READ AND COMPLETE THE OTHER SIDE ALSO.