# DISTINGUISHED TOASTMASTER (DTM) AWARD APPLICATION

Please use this form to verify you have completed all requirements to achieve the award of Distinguished Toastmaster (DTM). You must be a paid member of the club listed below at the time Toastmasters International receives this form. Please be sure you:

- Complete all requirements before submitting this application to World Headquarters.
- Ask one of your current club officers to email, fax, **OR** mail (one method only please) the completed form to:

Email: educationprogram@t Fax: +1 (303) 799-7753	oastmasters.org Ma	Toastmasters Int	ernational aica Street, Suite 40	)0
MY INFORMATION (required	for shipment of the DTM plac	que)		
		Member	number	
Name (as it should appear on the DTM	plaque)			
Address line 1 (No PO Boxes)		Club nam	ie	Number
		Completi	on date (MM/DD/YYYY)	
Address line 2				
City	State or province	Country		Postal code
Phone number	 Fm	ail address		
PATH COMPLETION				
Two unique paths in the Toas	tmasters Pathways learning	evnerience have hee	n completed:	
	, .		n completed.	
🗌 in print* 🗌 online 🗌 u				
Path 1		Path 2		Date (MM/DD/YYYY)
DISTINGUISHED TOASTMAS	TER PROJECT			
Completed on this date:				
		(MM/DD/YYYY)		
CLUB OFFICER ROLE COMPL	ETION			
Served either one 12-month te to June 30) as a club officer (Cl Relations, Secretary, Treasurer, district-sponsored club-officer	ub President, Vice President I or Sergeant at Arms) and par	Education, Vice Presid ticipated in the prepa	lent Membership, V	ice President Public
Office held		in Club No	Term(s)	served(MM/DD/YYYY)
Office held		in Club No	Term(s)	(
Helped prepare a Club Succes above officer terms)	s Plan for my club Month	Year	(must coinci	· · · · · · · · · · · · · · · · · · ·

Attended officer training \_\_\_\_\_\_ (r

(must coincide with one of the above officer terms)



#### DISTRICT LEADER ROLE COMPLETION

Served a complete term (July 1 – June 30) as a District officer (District Director, Program Quality Director, Club Growth Director, Public Relations Manager, Administration Manager, Finance Manager, Division Director, Area Director, or District leader credit earned by completing the club coach exception). (Applicants in undistricted clubs may not need to complete this requirement. Please submit the application for review or contact World Headquarters to confirm.)

Office held	District No.	Term(s) served	
			(MM/DD/YYYY)

### CLUB MENTOR OR CLUB COACH ROLE COMPLETION

Served successfully as mentor (appointed by the District Director) of a new club. Name must appear on Application to Organize (Form 1).

## OR

Served successfully as a club coach (coaches must be appointed by the District Director or Club Growth Director, and World Headquarters must have the appointment notice on file.)

Club Name	Club No	Date of completion	
			(MM/DD/YYYY)

#### CLUB SPONSOR, SPEECHCRAFT OR YOUTH LEADERSHIP PROGRAM

Coordinated and conducted one Youth Leadership workshop or one Speechcraft workshop. Presentation date may not be one used previously.

Workshop Name \_\_\_\_\_ Date Presented \_

(MM/DD/YYYY)

#### OR

Served successfully as sponsor (appointed by the District Director) of a new club. Name must appear on Application to Organize (Form 1).

New Club Name	New Club No	Date of completion	
			(MM/DD/YYYY)

## **CLUB OFFICER VERIFICATION**

The Toastmaster whose name appears above has completed the requirements indicated on this application:

Signature	Print name	Club office held	Date (MM/DD/YYYY)
(Members may not sign their own application even if they are a current club officer.)			

## EMPLOYER LETTER

Please send a letter to my emp	loyer recognizing my acc	complishment: 🗌 Y	/es 🗌 No
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Name of employer/supervisor

Employer/supervisor email address

By initialing here, I am confirming that I have written consent to provide Toastmasters International the above person's contact information for the purpose of sending confirmation of my education award achievement.

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