

## **Club Information**

Form 5

| Please type or print clearly exactly as y  | you would like it to appear on your club charte  | er certificate.                         |   |                     |  |
|--|--|---|---|---------------------|--|
| Club name:   |  | Club                                    | number  | District            |  |
| Contact Information:   |  |   |   |                     |  |
| Club contact phone number:   |  |   |   |                     |  |
| Club contact email:  |  |   |   |                     |  |
| Club website:  |  |   |   |                     |  |
| Club Meeting Information:  | □ Weekly □ 1st & 3rd   | □ 2nd & 4th                             | Meeting time:   |                     |  |
|  |  |   |   |                     |  |
|  |  |   |   |                     |  |
|  |  |   |   |                     |  |
|  |  |   |   |                     |  |
|  | Postal code:   |   |   |                     |  |
| If this is an Online Club, please write 'C   |  |   |   |                     |  |
| Please check the box that<br>best describes your club:<br>Community<br>Company<br>Government agency<br>Correctional institution<br>College or university<br>Religious organization<br>Online | Is your club supported by a sponsoring organization?   |   | Language meeting is held in:ArabicSpanishChinese - SimplifiedTamil          |                     |  |
|  |  |   | $\Box$ Chinese - Simplified $\Box$ Tamil                                    |                     |  |
|  | If yes, please check all that app<br>Organization pays dues and ne<br>Organization pays dues only<br>Organization pays new memb<br>Organization pays club charter<br>Organization provides meeting | ew member fees<br>er fees only<br>r fee | □ German<br>□ English<br>□ French<br>□ Japanese<br>□ Korean<br>□ Portuguese |                     |  |
| Check here if this is an adva  | anced club 🛛 🗆 Online Atten  | idance Accepted                         | 3   |                     |  |
| Is your club: 🗆 open to all in   | nterested persons 🛛 open only to   | members of a sp                         | ecific organization or  | group               |  |
| name of the <b>parent company</b> ,<br>Organization name   | <b>tion Information:</b><br>y pay dues, charter fees, new member f<br>if applicable. Example: Company X. Do  | not enter affiliate r<br>Organiza       | name. Example: Compa<br>tion contact  | ny X of California. |  |
|  |  |   |   |                     |  |
|  |  |   |   |                     |  |
|  | State/Province   |   |   | de                  |  |
|  |  |   |   |                     |  |

in the application for group exemption filed with the Internal Revenue Service.

I acknowledge that my electronic signature on this document is legally equivalent to my handwritten signature.

\_\_\_\_ Date (DD/MM/YYYY) \_\_\_

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