



District 3 Speakers Bureau Member Application & Profile Form

Basic Requirements for Membership:

1. Be a Toastmaster in good standing with a District 3 club.
2. Completed Competent Communicator (CC) or Pathways Level 2.
3. Show expertise in a particular topic.

Complete this form (Type or print) and EMAIL to: Hannellie Mendoza, Speakers Bureau Chair (2018-2019) - speakers@aztoastmasters.org or Contact me at 310.808.7632 for questions.

Application Date: _____

NAME		HOME CLUB NAME	
CITY	STATE	ZIPCODE	OCCUPATION
HOME PHONE	CELL PHONE	EMAIL	

Highest Award Earned :
 CC
 ACB
 ACS
 ACG
 DTM
 CL
 ALB
 ALS
 PATHWAYS LEVEL 2 & HIGHER

Speech Topics (check maximum 5)

<input type="checkbox"/> Advertising / PR	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Arts / Music	<input type="checkbox"/> Athletics / Sports	<input type="checkbox"/> Business	<input type="checkbox"/> Careers
<input type="checkbox"/> Coaching	<input type="checkbox"/> Communication	<input type="checkbox"/> Entrepreneurship	<input type="checkbox"/> Creativity	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Govt & Politics
<input type="checkbox"/> Empowerment	<input type="checkbox"/> Family	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Diversity	<input type="checkbox"/> Education	<input type="checkbox"/> Internet (SEO/Data)
<input type="checkbox"/> Labor Relations	<input type="checkbox"/> Humor	<input type="checkbox"/> Self-Esteem	<input type="checkbox"/> Real Estate	<input type="checkbox"/> International	<input type="checkbox"/> Internet (Social Media)
<input type="checkbox"/> Leadership	<input type="checkbox"/> Magic	<input type="checkbox"/> Management	<input type="checkbox"/> Marketing	<input type="checkbox"/> Media	<input type="checkbox"/> Medical / Dental
<input type="checkbox"/> Negotiation	<input type="checkbox"/> Networking	<input type="checkbox"/> Organization Skills	<input type="checkbox"/> Patriotic	<input type="checkbox"/> Productivity	<input type="checkbox"/> Psychology
<input type="checkbox"/> Relationships	<input type="checkbox"/> Religion	<input type="checkbox"/> Retirement/ Aging	<input type="checkbox"/> Sales	<input type="checkbox"/> Science / Engineer	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Success	<input type="checkbox"/> Team Building	<input type="checkbox"/> Technology	<input type="checkbox"/> Time Management	<input type="checkbox"/> TQM	<input type="checkbox"/> Training
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____			

Biography:

(a short paragraph describing your expertise and background - 150 words max please)

Please also attach your professional photo to the email when you submit the form.

Presentations:

1. Title of Presentation:
Length of Time:
Short Description of Presentation

2. Title of Presentation:
Length of Time:
Short Description of Presentation

3. Title of Presentation:
Length of Time:
Short Description of Presentation:

Other Services offered: Master of Ceremonies
 Facilitator

Willing To Travel Yes No

If yes, Geographical Preference: _____