

OPTIMIST INTERNATIONAL CERTIFIED TRAINER APPLICATION

Choose the Level you are applying for

___ Certified Club Trainer (All new Certified Trainer Applicants)

___ Certified District Trainer

___ Certified Int'l Trainer

PERSONAL DATA:

First Name: _____ Last Name: _____
 Mailing Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____
 Home phone : _____ Home fax: _____
 Work phone: _____ Work Fax: _____
 Cell phone: _____ Email address: _____
 Profession/occupation: _____

OPTIMIST DATA:

Date joined OI: _____ Home Club: _____ Club No: _____

Offices held at District Level	Year	Offices held at International Level	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPTIMIST TRAINING HISTORY: (List Club/District/International experience)

Event	Date
_____	_____
_____	_____
_____	_____
_____	_____

(Continue on Reverse if Necessary)

Applicant's Signature _____ Date _____



Send to:
 Optimist International, Attn: Karen West
 4494 Lindell Blvd., St. Louis, MO 63108
 Fax: 314-371-6006

