

Form H: Governor-nominee Data Form

District governor candidate: Please complete an nominating committee.	d sign this form, have your club secretary sign it, and s	ubmit it to the district		
Governor year of service District	Zone			
Family name	First name	Middle initial		
Call name as it should appear on your badge				
Male Female	Single Spouse/Partner Widowed	Divorced		
City, country, and year of birth				
Member, Rotary Club of				
(official name of club,	including country)			
RI membership ID number	Year you first joined Rotary			
Current (or former, if retired) classification				
Current (or former, if retired) firm				
Current (or former, if retired) position	Current (or former, if retired) position If retired, year of retirement			
Per RI Bylaws 15.070.3, a qualified Rotarian m date of charter to 30 June (six-month minimum	ust have served a full term as club president, or as c ı), at the time of nomination.	charter president from the		
Rotary club(s)	Length of membership Rotary year serve	d as president		
	Years -			
	Years			
Phone (<i>include country/city or area codes</i>)	Fax (include country/city or area codes)			
Residence	Residence			
Business	Business			
Mobile				
E-mail address (RI's preferred mode of contact for Participants book) Preferred mailing address* *If this address is a post office box, please provide	or correspondence and publication in <i>Official Directory</i>	and International Assembly		
Line 1				
Line 2				
Ling 2				
Line 3				



Form H

Alternate mailing address

Line 1	
Line 2	
Line 3	
Line 4	
Country	

Language Preferences

Language(s) you wi	ish to use for com	municating with	RI (listed in order	of fluency):		
Read			Speak			
For each of the follo	owing, please cho	ose one only:				
International Asso	embly sessions	Japanese	Korean	Portuguese	Spanish	
Rotary publicatio	ns produced in 6	languages	Korean	Portuguese	Spanish	
Rotary publicatio	French	German	Italian	Japanese	Korean	
Portuguese	-	Swedish				
Rotary publicatio	Chinese	Elanguages	Finnish	French	German	🗌 Hindi
Italian	Japanese	Korean	Portuguese	Spanish	Swedish	🗌 Thai
Personal Histor	y (please do not	use abbreviations)			
Social/Civic Organ	nizations:					
Organization Office						
Organiz		Of	fice	Dates Office 1	Held	Dates of Membership
Organiz 1.		O	fice	Dates Office 1	Held	Dates of Membership
		0	fice	Dates Office 1	Held	Dates of Membership
1.	zation		fice	Dates Office 1	Held	Dates of Membership
1. 2.	zation nal Organization	 ns:	fice	Dates Office Dates Office		Dates of Membership Dates of Membership
1. 2. Business/Profession	zation nal Organization	 ns:				
1. 2. Business/Professio Organiz	zation nal Organization	 ns:				
1. 2. Business/Professio Organiz 1.	zation nal Organization zation	 ns:				
1. 2. Business/Profession Organiz 1. 2.	zation nal Organization zation tory:	Of			Held	
1. 2. Business/Profession Organiz 1. 2. Reecnt Career Hist	zation nal Organization zation tory:	Of	fice	Dates Office 1	Held	

Hobbies:

	Activity	_
1.		
2.		_



Form H

Spouse/Partner Information (if applicable)						
Male F	emale					
Family name	amily name First name			Middle initial		
Name as it should	appear on your ba	dge				
Phone E-mail			Fax			
Language fluency Chinese Japanese Language preferen English	English Korean ce for RI mailings	French Portuguese	ons (<i>choose one</i>): German Spanish Korean	 Hindi Swedish Portuguese 	☐ Italian ☐ Spanish	
For Rotarian spouses only:						
Spouse/Partner ID number						
Member, Rotary C		ne of club, includir	ng country)	Highest o	ffice held	

Photos

If you are selected as governor-nominee, RI will need a head-and-shoulders photograph of you and of your spouse (individually, not as a couple) for the *International Assembly Participants* book. **Digital photos in high-resolution .jpg format are preferred**. E-mail your photo, along with your full name, district number, and the Rotary year in which you will serve, to **dgn.photo@rotary.org**. Photos are due by 30 June.

If you choose to submit a hard-copy photograph, it must measure at least $4 \ge 5$ in./10 ≥ 12.5 cm. The photo with your full name, district number, and the Rotary year in which you will serve clearly printed on the back **must** be submitted with this form.

Please indicate how your photos are being submitted:

Digital photos e-mailed to dgn.photo@rotary.org

Hard-copy photos attached (**do not staple** photo to this form)



All signatures on this page must be handwritten (electronic signatures are not acceptable).

CANDIDATE'S STATEMENT

I hereby state that I understand clearly the qualifications, duties, and responsibilities of the office of district governor as set forth in the RI Bylaws and that I am fully qualified for said office and willing and able, physically and otherwise, to assume and fulfill the duties and responsibilities of that office and to perform them faithfully. Further, I have read and agreed to abide by the district governor code of ethics, as detailed in the Rotary Code of Policies. I agree in advance to accept the decision of the RI Board concerning my election to office without recourse to any non-Rotary agency or other dispute resolution system and further accept that any court costs and attorney's fees incurred by RI in enforcing this agreement shall be reimbursed by me in their entirety. I understand that if selected, I must attend, for their full duration, the governors-elect training seminar in my zone and the International Assembly to be held the Rotary year before taking office. I have read this form in its entirety and certify that all the information provided on this form is true and correct.

Date

Signature

CLUB'S STATEMENT OF CANDIDATE'S QUALIFICATIONS

The candidate herein mentioned is a member in good standing of the Rotary Club of _____. The club further attests that this member has been duly suggested for the office of district governor under RI Bylaws 13.020.4 and meets the qualifications as specified in RI Bylaws 15.070 and that the club membership information on this form is accurate.

Date

Club Secretary's Name

Club Secretary's Signature

Signatures

CERTIFICATE OF DISTRICT NOMINATING COMMITTEE

The undersigned members of the District _____ Nominating Committee hereby certify that the candidate whose name appears on this form, to the best of the committee's knowledge, has not violated any of the rules on campaigning, electioneering, or canvassing as stipulated in RI Bylaws 10.060. (If the committee has more than five members, please attach a separate list.)

Names

CERTIFICATE OF NOMINATION

The Rotarian named on this form is a member in good standing of the Rotary club listed and was duly nominated for district governor in accordance with the provisions of the RI Bylaws.

Date

District Governor's Name

District Governor's Signature

District governor: Please mail, fax, or e-mail *all* pages of this form, including any additional sheets or photos, to your CDS representative by 30 June.