



# CoR/CoL-Nominee Data Form

## Council on Resolutions / Council on Legislation candidate:

Please complete and sign this form. If a club is nominating, have the club secretary sign it, and submit it to the district nominating committee. If self-nominating, complete the form and submit it. Clubs may nominate, or PDGs may self-nominate.

CoR/CoL year of service	<u>2020-2023</u>	District	<u>6270</u>	Zone	<u>29</u>	RI membership ID number:
Family name	First name		Middle initial			
Name as it should appear on your badge						
Preferred E-mail Address:						
Mailing Address:						
Member, Rotary Club of				Classification		
Please ensure that your contact information (e-mail, postal address and phone number) is up-to-date in My Rotary!						
Language(s) you wish to use for communicating with RI (listed in order of fluency):						

## PRIVACY

Your privacy is important to Rotary and the personal data you share with Rotary will only be used for essential activities or for Rotary's legitimate interests taking into account your privacy rights. These uses include financial processing, supporting The Rotary Foundation, facilitating event planning, communicating key organizational messages and responding to your inquiries. In addition, your contact information will be shared with other Rotarians members of the CoR/CoL. Rotary's privacy policy can be found [here](#).

## CANDIDATE'S STATEMENT

I hereby state that I understand clearly the qualifications, duties, and responsibilities of the office of District Representative/Alternate to Council of Resolutions / Council of Legislation as set forth in the RI Bylaws Article 9 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 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 and participate, for their full duration, the Council of Resolutions / Council of Legislation training seminar(s) and the Council of Resolutions / Council of Legislation meetings during my term of 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 (To be completed by Club if Club is Nominating.)

The candidate herein mentioned is a member in good standing of the Rotary Club of \_\_\_\_\_

The club attests that this member meets the qualifications as specified in RI Bylaws Article 9 for the office of District 6270 Representative to the Council of Resolutions / Council of Legislation and that the information on this form is accurate.

_____	_____
Date	Club's Name

_____	_____
Club Secretary's Name	Club Secretary's Signature



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### CERTIFICATE OF DISTRICT NOMINATING COMMITTEE

The undersigned Co-Chair(s) of the District 6270 Nominating Committee hereby certify that the candidate whose name appears on this form has been selected to serve on the 2020-23 CoR/CoL in the role noted below, and 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 Article 13,

\_\_\_ Representative from District 6270 to 2020-23 CoR/CoL

\_\_\_ Alternate Representative from District 6270 to 2020-23 CoR/CoL

Co-Chair Name (printed)

Signature

_____	_____
_____	_____

### CERTIFICATE OF NOMINATION (District Governor)

The Rotarian named on this form is a member in good standing of the Rotary club listed above and was duly nominated for District 6270 Representative / Alternate to the Council of Resolutions / Council of Legislation and selected by the District Nominating Committee in the role of:

\_\_\_ Representative from District 6270 to 2020-23 CoR/CoL

\_\_\_ Alternate from District 6270 to 2020-23 CoR/CoL

_____	_____	_____
Date	District Governor's Name	District Governor's Signature

**District governor:** Please e-mail this form to [council\\_services@rotary.org](mailto:council_services@rotary.org) by 30 June.