

District governor candidate:

Please complete and sign this form, have your club secretary sign it, and submit it to the district nominating committee.

Governor year of service	District	2	Zone		RI membership ID number			
Family name	First name				Middle initial			
Name as it should appear on your badge								
Member, Rotary Club of				Classi	fication			
Language(s) you wish to use for communicating with RI (listed in order of fluency):								
Read Speak								
For each of the following categories, please circle only one language per category.								
International Assembly:	English French	Japanese Kor	ean Portugu	ese Span	ish			
Publications in 6 languages:	English French	Japanese Kor	ean Portugu	ese Span	ish			
Publications in 9 languages:	English French	German Italia	n Japanese	Korean	Portuguese	Spanish	Swedish	
Publications in 14 languages:	Arabic Chinese	English Finn	sh French	German	Hindi Itali	an Japanes	se Korean	
	Portuguese Spanish Swedish Thai							
Spouse/Partner Information (if applicable)								
Family name	First name Middle initial						ial	
Name as it should appear on your badge								
E-mail	Gender 🗌 Male 🗌 Female							
For each of the following categories, please circle only one language per category.								
International Assembly:	Chinese English	French Gern	nan Hindi	Italian J	apanese Ko	rean Portu	guese	
	Spanish Swedish							
Publications in 6 languages:	English French	Japanese Kor	ean Portugu	ese Span	ish			
For Rotarian Spouses/Partners	only:							
Member, Rotary Club of	Member, Rotary Club of RI membership ID number							



Governor-nominee Data 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

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 e-mail this form to your CDS representative by 30 June.