

GOVERNOR-NOMINEE-DESIGNATE FORM

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 _____ Zone _____ RI membership ID number _____

Family name _____ First name _____ Middle initial _____

Name as it should appear on your badge _____

Member, Rotary Club of _____ Classification _____

Please ensure that your contact information (email, postal address, and phone number) is up-to-date in My Rotary.

Language(s) in order of fluency:

Read _____ Speak _____

For each of the following categories, please pick only one language per category.

International Assembly:	English French Japanese Korean Portuguese Spanish
Publications available in languages:	Arabic Chinese English Finnish French German Hindi Italian Japanese Korean Portuguese Spanish Swedish Thai

Partner information (if applicable)

Family name _____ First name _____ Middle initial _____

Name as it should appear on your badge _____

Email _____ Gender ☐ Male ☐ Female

For each of the following categories, please pick only one language per category.

International Assembly:	Chinese English French German Hindi Italian Japanese Korean Portuguese Spanish Swedish
Publications available in these languages:	English French Japanese Korean Portuguese Spanish

For Rotarian partners only:



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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 and included in the International Assembly Leadership Directory. 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 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 12.030.3. and meets the qualifications as specified in RI Bylaws section 16.010. 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 email this form to [Club and District Support](#) by 30 June.