Governor-Nominee Designate Form

n	istrict	Covernor	Candidate:

Please complete and sign this form, have your club secretary sign it, and submit it to the District Nominating Committee, along with 3 letters of reference.

of Service 20 - 20	<u>5080</u>	Zon <u>27</u>	ne R.I. Membership I.D. #	
Family Name:		First Name:	Middle Initial:	
Name as it should appear	on your badge:			
Member, Rotary Club of _ Please ensure that your cor Rotary!	ntact information (e-mail,	postal address & te	Classification:elephone number) is up to date in My	
Languages in which you a	re fluent (listed in order o	f fluency):		
Language(s) you wish to u	se for communicating with	th R.I. (listed in ord	ler of fluency:	
Read:	Spe	eak:		
For each of the following	categories, please circle o	nly one language pe	er category.	
International Assembly:		English French Japanese Korean Portugese Spanish		
Publications Available in 6 Lang	English French	English French Japanese Korean Portugese Spanish		
Publications Available in 9 Lang	lages: English French Ge	English French German Italian Japanese Korean Portugese Spanish Swedish		
Publications Available in 14 Languages:		Arabic Chinese English Finnish French German Hindi Italian Japanese Korean Portugese Swedish Thai		
Spouse/Partner Informa	tion (if Applicable)			
Family Name	First Name		Middle Initial	
Name as it should appear	on your badge:			
E-mail		Ger	nder Male Female	
For each of the following	categories, please circle o	nly one language pe	er category.	
International Assembly:	Chinese English French Portugese Spanish Sw		i Italian Japanese Korean	
Publications in 6 Languages	English French Japan	ese Korean Portu	igese Spanish	
For Rotarian Spouses/Par Member, Rotary Club of	tners only:		R.I. Membership I.D. Numb er	



Governor-Nominee Designate Data Form

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 Participant Book. 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 the full duration, the governor-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 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 e-mail this form to your CDS representative by 30 June.