Governor-nominee Data 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 _____

Family name _____ First name _____ Middle initial _____

Call name as it should appear on your badge _____

☐ Male ☐ Female ☐ Single ☐ Spouse/Partner ☐ Widowed ☐ Divorced

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 _____

Per RI Bylaws 15.070.3, a qualified Rotarian must have served a full term as club president, or as charter president from the date of charter to 30 June (six-month minimum), at the time of nomination.

Rotary club(s)	**Length of membership**	**Rotary year served as president**
_____	_____ Years	_____ - _____
_____	_____ Years	_____ - _____

Phone *(include country/city or area codes)*

Residence _____

Business _____

Mobile _____

Fax *(include country/city or area codes)*

Residence _____

Business _____

E-mail address (RI's preferred mode of contact for correspondence and publication in *Official Directory* and *International Assembly Participants* book) _____

Preferred mailing address*
*If this address is a post office box, please provide an alternate address for courier delivery.

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Country _____

Governor-nominee Data Form

Alternate mailing address

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Country _____

Language Preferences

Language(s) you wish to use for communicating with RI (listed in order of fluency):

Read _____ Speak _____

For each of the following, please choose ***one*** only*:*

International Assembly sessions

☐ English ☐ French ☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish

Rotary publications produced in 6 languages

☐ English ☐ French ☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish

Rotary publications produced in 9 languages

☐ English ☐ French ☐ German ☐ Italian ☐ Japanese ☐ Korean

☐ Portuguese ☐ Spanish ☐ Swedish

Rotary publications produced in 14 languages

☐ Arabic ☐ Chinese ☐ English ☐ Finnish ☐ French ☐ German ☐ Hindi

☐ Italian ☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish ☐ Swedish ☐ Thai

Governor-nominee Data Form

Spouse/Partner Information (if applicable)

☐ Male ☐ Female

Family name | First name | Middle initial

Name as it should appear on your badge

Phone | E-mail | Fax

Language fluency for International Assembly discussions *(choose one)*:

☐ Chinese ☐ English ☐ French ☐ German ☐ Hindi ☐ Italian
☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish ☐ Swedish

Language preference for RI mailings *(choose one)*:

☐ English ☐ French ☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish

For Rotarian spouses only:

Spouse/Partner ID number _____

Member, Rotary Club of _____
(official name of club, including country)

Photos

If you are selected as governor-nominee, RI will need a head-and-shoulders photograph of you and of your spouse/partner (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 x 5 in./10 x 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)

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 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	Signatures

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 this form to your CDS representative by 30 June.