

District Governor-Nominee Background Form

District Governor Candidate: Pleas	e complete the information	below and submi	t it to the District (Governor/Nominating Committee		
NAME:						
SIGNED:		DATE:				
Rotary club(s)	Length of n	nembership	Rotary year se	erved as president		
		Years				
		Years				
Phone (include area code)		Fax (include area codes)				
Residence		Residence				
Business		Business				
Mobile						
E-mail address:						
Line 2				_ _		
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				_		
Personal History:						
Business and Professional Organiza	ations (listed in order of im	portance; use an a	dditional sheet of	paper, if necessary):		
Organization	Office	Dates	Office Held	Dates of Membership		
			_			
	_					

Social and Civic Organizations (listed in order of importance; use an additional sheet of paper, if necessary						
Organization	Office	Dates Office Held	Dates of Membership			

Brief Outline of Business/Professional Career (please provide a brief outline, including each firm and dates):

Principal Hobbies:

Additional Comments: