

Governor-nominee Form

	District	District		Zone		RI membership ID number Middle initial			
Family name									
Name as it should appear on y	our badge								
Member, Rotary Club of					Classification				
Please ensure that your contac	t information (e-mail,	postal addr	ess and ph	one number)) is up-to	o-date in I	My Rota	ry!	
Language(s) in which you are	fluent (listed in order	of fluency)	:						
Language(s) you wish to use f	or communicating with	h RI (listed	in order o	f fluency):					
Read		S ₁	peak						
For each of the following cate	gories, please circle or	nly one lang	guage per c	ategory.					
International Assembly:	English French	Japanese	Korean	Portugues	e Spa	nish			
Publications available in 6 languages:	English French	Japanese	Korean	Portugues	e Spa	nish			
Publications available in 9 languages:	English French	German	Italian	Japanese	Korean	Portug	uese S	Spanish S	Swedish
Publications available in 14 languages:	Arabic Chinese Portuguese Spani	English	Finnish lish Thai		German	Hindi	Italian	Japanes	e Korean
pouse/Partner Information (Family name			First nar	me			N	Middle initi	ial
E-mail					Gend	ler 🔲 N	Male	☐ Femal	e
For each of the following cate	gories, please circle or	nly one lang	guage per c	ategory.	_				
International Assembly:	Chinese English Spanish Swedish	French	German	Hindi It	alian	Japanese	Korea	an Portuş	guese
Publications available in 6 languages:	English French	Japanese	Korean	Portugues	e Spa	nish			



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.

and correct.	fice. I have read this form in its entirety and certi	ify that all the information provided on this form is true
Date	Signature	
CLUB'S STATEMENT OF	F CANDIDATE'S QUALIFICATIONS	
The candidate herein mentio	ned is a member in good standing of the Rotary O	Club of
	his member has been duly suggested for the office as specified in RI Bylaws 16.070 and that the clu	ce of district governor under RI Bylaws 14.020.4 ub membership information on this form is
Date	Club Secretary's Name	Club Secretary's Signature
CERTIFICATE OF NOM	INATION	
The Rotarian named on this in accordance with the provi		club listed and was duly nominated for district governo
Date	District Governor's Name	District Governor's Signature

District governor: Please e-mail this form to your <u>CDS representative</u> by 30 June.