Governor-nominee Designate Form

District governor candidate: Please complete and sign this for	rm, have your club secretary si	gn 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 yo	our badge		-
Member, Rotary Club of	•		Classification
Please ensure that your contact			is up-to-date in My Rotary!
Language(s) in which you are f	fluent (listed in order of fluence	y):	
Language(s) you wish to use for	or communicating with RI (list	ed in order of fluency):	
Read		Speak	
For each of the following categ		nguage per category	
International Assembly:	English French Japanes		e Spanish
Publications available in 6 languages:	English French Japanes		
Publications available in 9 languages:	English French German	Italian Japanese	Korean Portuguese Spanish Swedish
Publications available in 14	Arabic Chinese English	Finnish French C	German Hindi Italian Japanese Korean
languages:	Portuguese Spanish Sw	edish Thai	
Spouse/Partner Information (i	f applicable)		
Family name		First name	Middle initial
Name as it should appear on yo	our badge		
E-mail			Gender Male Female
For each of the following categ	gories, please circle only one la	nguage per category.	
International Assembly:	Chinese English French	German Hindi Ita	alian Japanese Korean Portuguese
	Spanish Swedish		
Publications available in 6 languages:	English French Japanes	e Korean Portuguese	e Spanish
For Rotarian Spouses/Partners	s only:		
Member, Rotary Club of	omy.		RI membership ID number



Governor-nominee Designate Data Form

PRIVACY

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.

Rotary year before takin and correct.	ng office. 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 STATEMEN	T OF CANDIDATE'S QUALIFICATIONS	
	entioned is a member in good standing of the Rotary	
	that this member has been duly suggested for the office qualifications as specified in RI Bylaws 16.010. and	
Date	Club Secretary's Name	Club Secretary's Signature
CERTIFICATE OF N	OMINATION	
	this form is a member in good standing of the Rotary provisions of the RI Bylaws.	club listed and was duly nominated for district governor
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.