



GOVERNOR-NOMINEE DATA

Rotary Year To Serve: _____ **District:** _____ **Zone:** _____

This form should be legibly completed by all candidates for governor and submitted to the district nominating committee. The district governor will certify the form of the nominee duly selected by the district nominating committee, and will submit it to Rotary International.

Title (Mr., Ms., Mrs., Miss, Dr., Rev., etc.): _____

Full Name: _____
(as it would appear on lists and mailing labels; please **underline** family name)

Name by which commonly known in Rotary: _____
("Rotary name," as it would appear on badges)

Gender: Male Female Marital Status: Single Married Widowed Divorced

City, country and year of birth: _____

Member of the Rotary Club of _____
(Please give full official name of club, including country)

Type of membership: Active (including Additional Active) Past Service Senior Active

Classification (former classification): _____

Current (or recent, former) firm and position: _____

If retired, year of retirement, firm and position: _____

Rotary Club(s)	Years as Member	Rotary Year served as President*
_____	_____ Years	_____ - _____
_____	_____ Years	_____ - _____
_____	_____ Years	_____ - _____

* To qualify for nomination, a person **must** have served a full term as president of a club at time of nomination.

Telephone*

Fax*

e-mail

Residence: _____

Business: _____

*(include country/city or area codes)

Preferred Mailing Address: (check one) Residence Business Other - indicate below*
(* If this address is a post office box, please provide an alternate address for courier delivery.)

(Line 1) _____

(Line 2) _____

(Line 3) _____

(Line 4) _____

Residence Address:

(Line 1) _____

(Line 2) _____

(Line 3) _____

(Line 4) _____

Business Address:

(Line 1) _____

(Line 2) _____

(Line 3) _____

(Line 4) _____

LANGUAGE CAPABILITIES (check the appropriate boxes; **column 1 for fluent, column 2 for partial**):

	Speak		Read			Speak		Read	
	1	2	1	2		1	2	1	2
English (EN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Korean (KO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French (FR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Portuguese (PO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German (GE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spanish (SP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hindi (HI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swedish (SW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian (IT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese (JA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language(s) preferred in correspondence (list in order of preference): _____

International Assembly sessions are conducted in these six languages. Please indicate your preference: (check one) English French Japanese Korean Portuguese Spanish

Personal History (avoid abbreviations)

Membership and offices held in business and professional organizations - please list most important first. Use an additional sheet of paper if necessary.

<u>Name of Organization</u>	<u>Office</u>	<u>Dates Office Held</u>	<u>Dates of Membership</u>
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Membership and offices held in social and civic organizations - please list most important first:

Name of Organization Office Dates Office Held Dates of Membership

Brief outline of business or professional career, including firm(s) and dates:

My two principal hobbies are: _____

SPOUSE INFORMATION (if applicable)

Spouse's Full Name: _____
(as it would appear on lists and mailing labels, please underline family name)

Gender: Male Female Title: (Mr., Ms., Mrs., Miss, Dr., Rev., etc.): _____

Name by which commonly known in Rotary: _____
(“Rotary name,” as it would appear on badges)

If spouse is a Rotarian, the club in which he/she is a member: Rotary Club of _____

Please indicate your spouse's language preference for discussions at the International Assembly:

English French Japanese Korean Portuguese Spanish

Please indicate your spouse's language preference for receiving mailings from RI:

Chinese English French German Hindi Italian
 Japanese Korean Portuguese Spanish Swedish

PHOTOS - If selected, a head & shoulders photograph measuring at least 4"x 5" (10 x 12½ cm.) of nominee and spouse (individually, not as a couple) will be required. Photographs are not to be stapled to form and are to be marked on the back with name and district number.

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 understand that if selected, I must attend, for its full duration, the International Assembly to be held immediately prior to taking office. I have read this form in its entirety and certify the data entered on this form to be correct.

Date

Signature of Candidate

STATEMENT OF CANDIDATE'S QUALIFICATIONS BY THE CLUB

The candidate, a member in good standing of our club, is qualified for membership by having a residence or place of business as indicated:

- within the territorial limits of the club;
- within the territorial limits of an adjacent Rotary club;
- within an adjacent territory not within the territory of another Rotary club;
- within the city in which the club is located;
- excused under Article X, Section 2(a)(iii) of the club's constitution; and/or
- moved from qualifying territory after becoming senior active.

The Rotary Club of _____ attests that its member named on this form has been suggested for the office of district governor under Section 13.020.3 of the RI Bylaws, and meets the qualifications as specified in Article 15.070 of the RI Bylaws and that the information contained on this form regarding membership in the club is accurate.

Date

Signature of Secretary of Candidate's Club

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 Bylaws of RI.

Date

Signature of District Governor

