ROTARY INTERNATIONAL

GOVERNOR-NOMINEE DATA FORM

Governor candidates submit this form to the district nominating committee. The district governor certifies the nominating committee's selection and submits this form to RI. This form also registers the governor-nominee for the International Assembly. After this form has been submitted, please notify RI of any changes in your contact information.

Governor Year: _____ **District:** _____ **Zone:** _____ **Date Form Completed:**_____

Title (Mr., Ms., Mrs., Dr., Rev., etc.): _____ Suffix (i.e., Jr., Sr., III) _____

Family Name: _____

First Name: _____ Middle Name_____

Name by which commonly known in Rotary:

_____

("Rotary name," as it would appear on your badge)

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

City, country, and year of birth: _____

Member, Rotary Club of

_____

(Please give full official name of club, including country)

Rotary International membership ID number:

_____

Year you first joined Rotary: _____ Current classification: _____

Current (or former) firm and position:

_____

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

Per RI Bylaws 15.070.4, a qualified Rotarian must have served a full term as club president, or as charter president from the date of charter to 30 June (6-month minimum), at the time of nomination.

Rotary club(s) president	Years as member	Rotary year served as
_____	_____Years	_____- _____
_____	_____Years	_____- _____

Telephone (Include country/city or area codes) **Fax** (Include country/city or area codes)

Residence: _____ _____

Business: _____ _____

Preferred E-mail Address: ☐ Residence ☐ Business_____

Providing your e-mail address automatically subscribes you to RI e-mail. All RI registration and housing confirmations are sent by e-mail. If you wish to discontinue receiving group RI e-mail, you can unsubscribe at www.Rotary.org. If you unsubscribe, RI's required communications to you, as a district leader, will be sent via the slower methods of facsimile or mail.

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: (If same as preferred, you may leave blank.)

(Line 1) _____

(Line 2) _____

(Line 3) _____

(Line 4) _____

Business Address: (If same as preferred, you may leave blank.)

(Line 1) _____

(Line 2) _____

(Line 3) _____

(Line 4) _____

Language Preferences

Please list, in order of preference, the language(s) you wish to use in correspondence with RI:

Read: _____ Speak: _____

The International Assembly sessions are conducted in these six (6) languages. Please indicate your preference: (check one) ☐ English ☐ French ☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish

All Rotary literature is produced in these six (6) languages. Please indicate your preference: (check one) ☐ English ☐ French ☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish

Please indicate your preference for Rotary publications produced in 9 languages: (check one)
☐ English ☐ French ☐ German ☐ Italian ☐ Japanese ☐ Korean
☐ Portuguese ☐ Spanish ☐ Swedish

Please indicate your preference for Rotary publications produced in 13 languages: (check one)
☐ Chinese ☐ Dutch ☐ English ☐ Finish ☐ French ☐ German ☐ Italian
☐ Japanese ☐ Korean ☐ Portuguese ☐ Spanish ☐ Swedish ☐ Thai

Personal History (Please do not use abbreviations below.)

Business and professional organizations: Please list most important membership and offices held first. You may use an additional sheet of paper, as necessary.

Name of Organization	Office	Dates Office Held	Dates of Membership

Social and civic organizations: Please list in order most important membership and offices held.

Name of Organization	Office	Dates Office Held	Dates of Membership

_____

_____

Business or professional career: Please provide a brief outline, including firm(s) and dates:

_____

_____

_____

My two principal hobbies are: _____

SPOUSE INFORMATION (if applicable)

Governors-elect wishing to bring a non-spouse guest to the International Assembly must send a written request to the RI President-elect via RI Registration at e-mail: rireg@rotaryintl.org detailing reasons for bringing a guest. The President-elect evaluates each request on a case-by-case basis and responds individually. International Assembly spouse program information will be sent by e-mail and mail to the preferred postal address.

Spouse's Title (Mr., Ms., Mrs., Dr., Rev., etc.): _____ Gender: ☐ Male ☐ Female

Spouse's Last Name: _____

Spouse's First Name: _____ Spouse's Middle Name: _____

Name by which commonly known in Rotary:

_____

("Rotary name," as it would appear on badges)

Spouse's fax: _____ Spouse's e-mail _____

For Rotarian Spouses, indicate his/her membership ID number and club in which he/she is a member:

Spouse Membership ID Number: _____

Spouse Member, Rotary Club of _____

Please indicate your spouse's language preference for discussion 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

INTERNATIONAL ASSEMBLY – Please provide the following additional registration information

Special Needs *(please list)*: _____

Emergency Contact Information: *Name* _____

Phone _____ *Fax* _____

Photos: If selected, a head & shoulders photograph of nominee and spouse (individually, not as a couple) will be required. **Digital Photos in high-resolution .jpg format are preferred**. Hard copy photographs must be at least 4"x 5" (10 x 12½ cm.) and have your full name and district number indicated on the back. Do **not** staple photos to the form.

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 their full duration, the Governors-elect Training Seminar in my zone and 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 true and correct.

_____ _____

Date Signature of Candidate

STATEMENT OF CANDIDATE'S QUALIFICATIONS BY THE CLUB

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 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 Rotary Club

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 and canvassing stipulated in the RI Bylaws, Article 10.050.

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 Signature of District Governor