Governor-nominee Designate Form

Governor year of service	District		Zone		R	membersh	ip ID numb	er
Family name			First nan	ne			Mic	ddle initial
Name as it should appear on yo	our badge							
Member, Rotary Club of					C	assification	ı	
Please ensure that your contact	information (e-mail,	postal addre	ss and pho	one numb	er) is u	p-to-date in	My Rotary	!
Language(s) in which you are f	luent (listed in order	of fluency):						
Language(s) you wish to use for	or communicating wit	h RI (listed i	in order of	fluency):				
Read		Spo	eak					
For each of the following categ	ories nlease specify	only one lan	ouage ner	category				
International Assembly:	English French	Japanese	Korean	Portugu		Spanish		
Publications available in 6 languages:	English French	Japanese	Korean	Portugu		Spanish		
Publications available in 9 languages:	English French	German	Italian	Japanese	Kore	an Portu _i	guese Spa	anish Swedish
Publications available in 14 languages:	Arabic Chinese Portuguese Span	C		French	Germ	an Hindi	Italian	Japanese Korean
Spouse/Partner Information (i	f applicable)							
Family name			First nan	ne			Mic	ddle initial
Name as it should appear on yo	our badge	_						
E-mail					G	ender 🗌	Male	Female
For each of the following categ	ories, please specify	only one lan	guage per	category.				
International Assembly:	Chinese English	French	German	Hindi	Italian	Japanese	e Korean	Portuguese
	Spanish Swedish							
Publications available in 6 languages:	English French	Japanese	Korean	Portugu	ese S	Spanish		
For Potarian Spanson/Dautoon	anh							
For Rotarian Spouses/Partners Member, Rotary Club of	omy.				DI	mambauski:	. ID namba	,
wemper kojary (Jub oj					KI	memoersnip	o 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.

Date	Signature	Signature					
CLUB'S STATEMEN	NT OF CANDIDATE'S QUALIFICATIONS						
The candidate herein n	nentioned is a member in good standing of the Rotary	Club of					
	s 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 1	NOMINATION						
	NOMINATION In this form is a member in good standing of the Rotary provisions of the RI Bylaws.	club listed and was duly nominated for district gove					

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