



Form G: Governor-Nominee Data Form

District governor candidate: Please complete this form and submit it to the district nominating committee. After this form has been submitted to RI, please notify RI of any changes in your contact information. Note that this form also registers you for the International Assembly.

District governor: Please certify the nominating committee's selection and then forward this form to RI. This form may be completed electronically, but the final signature page must be sent as hard copy by fax or mail to the RI office serving your district.

Governor year _____ District _____ Zone _____ Date form completed _____

Title (e.g., Mr/Ms/Mrs/Dr/Rev) _____ Suffix (e.g., 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 official name of club, including country.)

RI 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 (six-month minimum), at the time of nomination.

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

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

Residence _____

Business _____

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

Residence _____

Business _____

Preferred e-mail address _____

Residence Business

E-mail is the fastest and often most efficient way for RI to communicate with district leaders. Providing your e-mail address automatically subscribes you to receive e-mail from RI, including all RI registration and housing confirmations. If you no longer wish to receive RI e-mail, you may go to www.rotary.org to unsubscribe at any time. However, please be aware that RI cannot guarantee timely delivery of communications sent via fax 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 the following six languages. Please indicate your preference.

(check only one) English French Japanese Korean Portuguese Spanish

All Rotary literature is produced in the following six languages. Please indicate your preference.

(check only one) English French Japanese Korean Portuguese Spanish

Please indicate your preference for Rotary publications produced in nine languages.

(check only one) English French German Italian Japanese
 Korean Portuguese Spanish Swedish

Please indicate your preference for Rotary publications produced in 13 languages.

(check only one) Chinese Dutch English Finnish French
 German Italian Japanese Korean Portuguese
 Spanish Swedish Thai

Personal History (Please do not use abbreviations below.)

Business and professional organizations. Please list in order, most important membership and offices held. 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, beginning with most important membership and offices held. You may use an additional sheet of paper, as necessary.

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 guest other than a spouse to the International Assembly must send a written request to the RI president-elect by e-mail to RI Registration at 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.

Title (e.g., Mr/Ms/Mrs/Dr/Rev) _____ Suffix (e.g., Jr/Sr/III) _____

Gender Male Female

Rotarian Yes No

Year of birth _____

Family name _____

First name _____ Middle name _____

Name by which commonly known in Rotary _____

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

Preferred Mailing Address*

*If this address is a post office box, please provide an alternate address for courier delivery.

(Line 1) _____
(Line 2) _____
(Line 3) _____
(Line 4) _____

Telephone _____ Fax _____ E-mail _____

Please indicate your spouse’s language preference for discussion at the International Assembly.

(check only one) English French German Hindi Italian
 Japanese Korean Portuguese Spanish Swedish

Please indicate your spouse’s language preference for receiving mailings from RI.

(check only one) English French Japanese Korean Portuguese Spanish

For Rotarian spouses only:

Member, Rotary Club of _____

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

RI membership ID number _____

Year spouse joined Rotary _____ Current classification _____

International Assembly

Please provide the following additional registration information.

Special Needs. Indicate any medical condition that RI should be made aware of, as well as any special arrangements that need to be made to accommodate you (e.g., wheelchair, diabetic, visual assistance). Attach an additional sheet if needed.

Indicate if you or your spouse are vegetarians. Yes No

Indicate other special dietary needs. _____

Emergency Contact Information

Name _____

Phone _____

Fax _____

Photos: If you are selected as governor-nominee, RI will need a head-and-shoulders photograph of you and your spouse (individually, not as a couple) for the International Assembly Participants book. Digital photos in high-resolution .jpg format are preferred. E-mail photos to dgndata@rotaryintl.org. Hard-copy photographs must measure at least 4 x 5 in. or 10 x 12.5 cm and have your full name and district number clearly printed on the back. Do **not** staple photos to this 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, or canvassing as 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

Note: This final signature page must be returned by fax or mail to the RI office serving your district.