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|  | Governor-Nominee Form |

**District governor candidate:**

Please complete and sign this form, have your club secretary sign it, and submit it to the District nominating committee.

Contact the committee chair if you have any questions in preparing the form.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Governor year of service | | | 2026-27 | | District | | 6450 | | Zone | | 29 | | RI membership ID number | | |  | |
| Family name | |  | | | | | | | First name | | |  | | | Middle initial | |  |
| Name as it should appear on your badge | | | | | |  | | | | | | | | | | | |
| Member, Rotary Club of | | |  | | | | | | | | | | Classification |  | | | |
| Please ensure that your contact information (e-mail, postal address and phone number) is up-to-date in My Rotary!  Language(s) in which you are fluent (listed in order of fluency):  Language(s) you wish to use for communicating with RI (listed in order of fluency): | | | | | | | | | | | | | | | | | |
| Read |  | | | | | | | Speak | |  | | | | | | | |
| For each of the following categories, please circle only one language per category. | | | | | | | | | | | | | | | | | |
| International Assembly: | | | | English French Japanese Korean Portuguese Spanish | | | | | | | | | | | | | |
| Publications available in 6 languages: | | | | English French Japanese Korean Portuguese Spanish | | | | | | | | | | | | | |
| Publications available in 9 languages: | | | | English French German Italian Japanese Korean Portuguese Spanish Swedish | | | | | | | | | | | | | |
| Publications available in 14 languages: | | | | Arabic Chinese English Finnish French German Hindi Italian Japanese Korean | | | | | | | | | | | | | |
| Portuguese Spanish Swedish Thai | | | | | | | | | | | | | |

**Spouse/Partner Information (if applicable)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Family name | |  | | | | First name |  | | | | Middle initial | |  |
| Name as it should appear on your badge | | | | |  | | | | | | | | |
| E-mail |  | | | | | | | | Gender | Male  Female | | | |
| For each of the following categories, please circle only one language per category. | | | | | | | | | | | | | |
| International Assembly: | | | | Chinese English French German Hindi Italian Japanese Korean Portuguese | | | | | | | | | |
| Spanish Swedish | | | | | | | | | |
| Publications available in 6 languages: | | | | English French Japanese Korean Portuguese Spanish | | | | | | | | | |
| *For Rotarian Spouses/Partners only:* | | | | | | | | | | | | | |
| *Member, Rotary Club of* | | |  | | | | | *RI membership ID number* | | | |  | |

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*All signatures on this page must be handwritten (electronic signatures are not acceptable).*

**CANDIDATE’S STATEMENT [Sign BEFORE Nomination is submitted.]**

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

**CLUB’S STATEMENT OF CANDIDATE’S QUALIFICATIONS [Complete BEFORE Nomination is submitted.]**

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 RI Bylaws 14.020.4 and meets the qualifications as specified in RI Bylaws 16.070 and that the club membership information on this form is accurate.

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Club Secretary’s Name Club Secretary’s Signature

**CERTIFICATE OF NOMINATION [Completed AFTER a Candidate is selected.]**

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.

      Conor Gee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date District Governor’s Name District Governor’s Signature

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**History (please** **avoid abbreviations)**

Number of years as Rotarian:

Year(s) served as Rotary Club President:

Rotary meetings outside your Club attended in the last five years (enter number of times):

District Conference –

District Assembly, Fall or Spring Training –

Foundation Seminar –

Membership Seminar –

International Convention –

Zone Institute –

Other:

Membership and leadership positions held in business or professional organizations - list in order of importance to you:

Name of Organization Office Dates Office Held Dates of Membership

Membership and leadership positions held in social and civic organizations - list in order of importance to you:

Name of Organization Office Dates Office Held Dates of Membership

Please provide a brief outline of your business or professional career, or other examples of your leadership ability:

Use an additional sheet of paper if necessary to respond to the above.

(PLEASE ATTACH YOUR RESUME/BIO if available.)

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**Certificate of Candidate**

I have read the following and certify the above statements are correct and that I am in good health and willing and able, physically and otherwise, to serve as a District Governor if nominated and elected. I further certify that my club, anyone interested in my candidacy and I will NOT allow any material, other than this form and resume/bio attachment, to be circulated or submitted for consideration of and by the Nominating Committee. I have read, accept and agree to be bound by the provisions against campaigning; canvassing and electioneering for elective position in Rotary International as provided in article 10, section 10.060 of the Rotary International Bylaws.

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

CANDIDATE:

Please return the application above, plus your bio/resume and a cover letter, not to exceed one page, stating your goals and objectives for Rotary District 6450.

Submit the completed application, resume and cover letter to the Committee Chair, Ade Onayemi, no later than 5:00 pm on or before Thursday, November 30, 2023.

Contact: Ade Onayemi via email or phone if you have any questions:

Email: arcabo@live.com

Cell: (708) 415-5789