|  |  |
| --- | --- |
| Logo  Description automatically generated | Rotary District 6490 |

# 2023-24 RI Director Nominating Committee Member Application

## Nominating Committee Member Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  | Date: |  |
|  | Last |  | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Rotary Year Served as District Governor: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you served on the Nominating Committee for RI Director previously? | YES | NO | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you agree to attend the nominating committee meeting on a date between September 15 – October 15, 2023? | YES | NO |  |

## Rotary Background

|  |  |
| --- | --- |
| Rotary Club(s): | Dates of Membership |
|  |  |
|  |  |

*Please attach additional pages as necessary on Rotary background experience.*

## District Level Background

|  |  |  |  |
| --- | --- | --- | --- |
| Committee: |  | Dates of Service: |  |
| Role: |  | | |
| Brief Description of Service: |  | | |
|  |  |  |  |
| Committee: |  | Dates of Service: |  |
| Role: |  | | |
| Brief Description of Service: |  | | |
|  |  |  |  |
| Committee: |  | Dates of Service: |  |
| Role: |  | | |
| Brief Description of Service: |  | | |

## Zone Level/Other Rotary Background

|  |  |  |  |
| --- | --- | --- | --- |
| Committee: |  | Dates of Service: |  |
| Role: |  | | |
| Brief Description of Service: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Committee: |  | Dates of Service: |  |
| Role: |  | | |
| Brief Description of Service: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Committee: |  | Dates of Service: |  |
| Role: |  | | |
| Brief Description of Service: |  | | |

## Certificate of Nomination/Signatures

CANDIDATE’S SIGNATURE

I certify my willingness and ability to serve on the 2023-24 RI Director nominating committee.

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s Signature: |  | Date: |  |

**CLUB’S CERTIFICATION OF MEMBER NOMINATION**

Club President’s Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Club President’s Signature: |  | Date: |  |

Club Secretary’s Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Club Secretary’s Signature: |  | Date: |  |