

## District Officer Nominating Form

Are you interested in nominating yourself or someone else for a district officer position? Please complete the form below and submit to the district governor of your district. If you are nominating someone else, you may submit more than one person's name for each position. To be nominated or elected, a person must be a member in good standing, meet the qualifications of the office, must consent to being nominated, and must sign an Officer Agreement and Release Form.

### District Officer Nominating Form

I wish to have the nominating committee consider the following person for the office of

- District Governor                       Lt. Governor Education & Training  
 Lt. Governor Marketing               Division Governor (please specify Division (\_\_\_\_\_))

Name: \_\_\_\_\_  CC  AC  DTM

Address: \_\_\_\_\_ State/Province \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: USA

Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Home Club Name: \_\_\_\_\_ Home Club No. \_\_\_\_\_

Please describe any club and district offices held by nominated individual (include dates of service if possible). Please share with the nominating committee why you believe the nominated individual should be considered for the specified position. If there is additional information you would like to include about the candidate that you feel would assist the nominating committee in their deliberations, please attach it to this form.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or email to:

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Email: carolynarthurdtn@yahoo.com