**NOMINATION FORM**

**VICE GOVERNOR(S) 2018 - 2019**

This official nomination is hereby submitted in the name(s) of the following Kin, who are active members of clubs in good standing in District One.

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Home Club:** | **Home Club:** |
| **Kinsmen / Kinette / Kin** | **Kinsmen / Kinette / Kin** |

This nomination is submitted under the provisions of the District By-laws of Kin Canada Article 6, Section 1.1: “Nominees to the Office of Vice Governor shall be an active member in good standing of a District One Kinsmen, Kinette or Kin Club. Nominations will be one or two individuals on the nomination form – if two, running jointly.”

|  |  |
| --- | --- |
| **PRESIDENT** | **PRESIDENT** |
| **Signature:** | **Signature:** |
| **Name(print):** | **Name(print):** |
| **Date:** | **Date:** |
| **SECRETARY** | **SECRETARY** |
| **Signature:** | **Signature:** |
| **Name(print):** | **Name(print):** |
| **Date:** | **Date:** |

**Please return this completed nomination form, and the attached declaration of acceptance, to District Secretary Elaine Frook thirty days prior to our annual district convention (May 2, 2018).**

**Elaine Frook**

(e) kinelaine@hotmail.com

(p) 519-477-2221

**NOMINATION FORM VICE GOVERNOR(S) 2018-2019**

I (We) accept the attached nomination to the office of District One Vice Governor 2018 - 2019 and District One Governor 2019 - 2020 and certify;

1. That I (we) will take the steps necessary to ensure that each of the District Officers will be an active member, in good standing, per the National General Operating By-Laws and District One House Rules at the time they assume office.

2. That I (we) shall do all things necessary to remain qualified for this office during my (our) entire term of office in accordance with the National General Operating By-laws of Kin Canada.

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Nominee Signature Date

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

Nominee Signature Date

**Please print your name and address in full:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell)

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

***DO NOT COMPLETE – DISTRICT USE ONLY***

This application has been fully completed and received in accordance with the District One House Rules.

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Secretary Signature Date