



**Kin Canada**  
Kinsmen • Kinettes • Kin  
**District 1**



## Nomination Form for Deputy Governor

**Zone:** \_\_\_\_

This official nomination is hereby submitted in the name of \_\_\_\_\_  
\_\_\_\_\_, who is an active member, in good standing,  
of the Kinsmen/Kinette/Kin Club of \_\_\_\_\_.

<b>Club Representatives</b>	
<b>President</b>	<b>Secretary</b>
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

### Acceptance of Nomination for Deputy Governor – Zone \_\_\_\_\_

I accept the nomination to the office of Deputy Governor and certify

- That I am an active member or active life member, in good standing, of a Kinsmen, Kinette or Kin club, in good standing, in Zone \_\_\_\_.
- That I shall do all things necessary to remain qualified for this office during my entire term of office, in accordance with the National General Operating and District By-Laws of Kin Canada.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please print name, address, telephone number(s) and email address in full.**

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Return this completed form to your Deputy Governor at least 30 days before your Zone Conference.** Both nomination and acceptance sections must be filled in and signed.