

## **ACCEPTANCE OF NOMINATION FOR Deputy Governor of District One**

I, the undersigned, hereby accept the attached nomination to the office of District One \_\_\_\_Kinsmen/ \_\_\_\_Kinette/ \_\_\_\_Kin Zone \_\_\_\_ Deputy Governor and certify:

1. That I will take such steps as may be necessary to ensure that each of the Zone Officers will be an active member, in good standing, per the National and District By-Laws at the time he / she assumes office.
2. That I shall do all things necessary to remain qualified for this office during my entire term of office in accordance with the National Constitution and District By-Laws of Kin Canada.

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_

Telephone: (R) \_\_\_\_\_ (B) \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_