

District A-16 Policy Manual

Updated November 7, 2021

APPENDIX B

DISTRICT A – 16



NOMINATION FORM

FOR DISTRICT OFFICERS

Date: _____

From: _____
(Club Name)

To: District A-16 Nominating Committee Chairperson

cc.: District Governor, 1st Vice District Governor, 2nd Vice District Governor

Based on a motion made by Lion/Lioness Lion _____
and seconded by Lion/Lioness Lion _____ at a
meeting of our club on _____ and approved by a majority of our members, the
(Date)

_____ has nominated _____
(Club Name) (Member Name)

as candidate for the office of (*please check one only*):

District Governor

1st Vice District Governor

2nd Vice District Governor

Region Chairperson, Region _____

Zone Chairperson, Zone _____

Signed: _____ (Club Secretary)

Candidate's qualifications for this Office are as follows:

See the other side of this form for additional requirements.

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ADDITIONAL REQUIREMENTS

1. The Candidate shall provide a current Biography as part of their nomination package.
2. Candidates for the Office of District Governor, 1st Vice District Governor or 2nd Vice District Governor shall attend the Opening Ceremonies, held on Saturday during the District A-16 Convention, where they shall be prepared to speak on their own behalf.
3. Candidates for the Office of Region Chairperson or Zone Chairperson shall attend the Region Rally/Rallies, held on Saturday during the District A-16 Convention, where they shall be prepared to speak on their own behalf.
4. Candidates shall be present, or available, on Sunday at the Closing Ceremonies of the District A-16 Convention, when election results are announced.
5. In the event a candidate cannot comply with items 2, 3 and/or 4 above, his or her nominating club may, on showing just cause to the District A-16 Nominating Committee, represent their candidate at these functions.
6. Campaign speeches shall be limited to a maximum of 3 minutes by the introducer and 5 minutes by the candidate.
7. Nomination Form for Region or Zone Chairperson should be copied to the current Chairperson of that Region.

Please complete the following information about the Candidate
(Please print clearly)

Name: _____

Name of Partner in Service: _____

Address: _____

Postal Code: _____

Home Phone: _____

Business Phone: _____

E mail: _____

Signed: _____ Date: _____

(Signature of Candidate indicating their consent of this nomination)

Revision: November 2021