DISTRICT LEADERNOMINATING FORM



These materials are confidential. District leadership committee, upon completion of voting, submit all forms to the committee chair to destroy after the final report has been distributed to the district governor.

Are you interested in nominating yourself or someone else for a district leader position? If so, please complete the form below and submit it to your district governor. If you are nominating someone besides yourself, you may submit more than one person's name for each position.

To be nominated or elected, a member must meet the following requirements:

- ▶ Be a member in good standing of a Toastmasters club in good standing.
- ▶ Meet the qualifications of the position.
- Consent to being nominated and sign the Officer Agreement and Release Form

I wish to have the district leadership commit ☐ District Director ☐ Program Quality Director ☐ Club Growth Director ☐ Division Director (please specify division)		owing member	for the office	of:		
If applicable: ☐ Area Director (please specify area ☐ Public Relations Manager ☐ Administration Manager ☐ Finance Manager)					
Name of nominee		A	re you nomir	nating yourse	elf? □ Yes	□No
Address						
City						
State/Province	Postal code		Country _			
Telephone			Memb	er number _		
Email						
Home club name			Club number			
Educational Awards CC ACB Other		G CL	□ ALB	☐ ALS	□ DTM	
To assist the district leadership committee m Additional information you would like A description of any club and district c Why you believe the nominee should	to include about this offices held by the no	candidate. minee (include	dates of serv	ice if possibl	e).	
Submitted by			Date			
Mail, fax or email to your district g	governor.					