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| **Nomination Form** |  |
| **Rotary Leadership Institute - District 9820** |

*PLEASE PRINT CLEARLY*

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| Rotary Club: |
| Name: | Badge Name (if different)  |
| Address: |
| City: | State | Post Code: |
| Telephone (H): | Telephone (M): |
| E-mail: |
| Date Joined Rotary (Month / Year): |
| Current Position in Rotary: |
| Other Positions previously held in Rotary: |
|  |
|  |
| Special Dietary Requirements: |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Forward completed form to Tim Wills** | **E:** publicimage@district9820.org | **M:** 0490 849 466  |

**A fee of $75 to cover printing and catering costs will be charged to your club**