Rotary Charities of Traverse City, Inc.
Nomination form for the
Board of Trustees to serve 10/1/26-09/30/29

Name_____

Rotary Badge #_____

E-Mail Address _____

Years of membership in this Club? _____

Total years of Rotary membership? _____

Occupation_____

Interested in the Board of: _____ Rotary Charities

List leadership positions held in this Rotary Club, (i.e. officer of the club, committee chair, board of Camps & Services or Charities, etc.)

List volunteer activities you participated in as a member of this Rotary Club, (i.e. Tag Day, Rotary Show, Committee assignments, etc.)

Describe your professional and educational background.

List community organizations you have been involved in and any leadership positions held.

Why are you interested in serving on the Board of Rotary Charities?

How do you think the board will benefit from your participation?

As a current member in good standing of Traverse City Rotary Club #754, I hereby request consideration for election to the Board of Trustees of Rotary Charities.

If elected I will attend all monthly Board meetings, and special meetings called by the Chairman of the Board. I will adhere to the Conflict of Interest Policy and take an active role.

_____

Signature

Date

Your interest is appreciated. This application form will be reviewed by the Nominating Committee, which retains the right to nominate trustees from both applicants and qualified members. You will be notified of the Nominating Committee's recommendations prior to notification of the full membership.

RETURN THIS FORM NO LATER THAN NOON SEPTEMBER 4, 2026
TO: NOMINATING COMMITTEE
800 Cottageview Drive, Suite 1090
Traverse City, MI 49684
OR
SCAN TO: sfoster@rotarycharities.org