

KITSUMKALUM BAND NOMINATION FORM

NAME OF NOMINATOR - DECLARATION

I _____ (please print clearly) solemnly affirm that I am a registered Elector of the Kitsumkalum Band pursuant the *Indian Act – Indian Band Election Regulations*, and **WITH REGARD TO THIS 2021 ELECTION** I make the following Nomination(s) and/or Second(s).

Nominator Signature

Date

Phone

eMail

NAME OF PERSON BEING NOMINATED OR SECONDED FOR OFFICE OF CHIEF

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

NAME OF PERSON BEING NOMINATED OR SECONDED FOR OFFICE OF COUNCILLOR

1 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

2 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

3 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

4 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

5 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

6 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

7 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDED AN ELECTOR.

A nomination may be made by properly completing the *Nomination Form & Elector Declaration Form* AND submitted to the Electoral Officer by 8:00PM on January 12th 2021.

NICOLE HAJASH, ELECTORAL OFFICER DREW SHAW, DEPUTY ELECTORAL OFFICER

Email: nicole@onefeather.ca

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209-852 Fort Street, Victoria, B.C., V8W1H8

<https://onefeather.ca/nations/kitsumkalum>

KITSUMKALUM BAND DECLARATION FORM

YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT IT TO THE ELECTORAL OFFICER WITH THE COMPLETED NOMINATION FORM – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

ELECTOR DECLARATION

I solemnly affirm that: I am an eligible Elector of the Kitsumkalum Band pursuant to the *Indian Act & Indian Band Election Regulations*; live at the address listed below; and am at least 18 years of age.

Last Name:

First Name:

Middle Initial:

Date of Birth (dd/mm/yyyy):

Registry Number (Status No.):

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

X.

Date:

Elector Signature

WITNESS DECLARATION

I swear and affirm that I personally know and have witnessed the signature above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

NICOLE HAJASH, ELECTORAL OFFICER

Email: nicole@onefeather.ca

DREW SHAW, DEPUTY ELECTORAL OFFICER

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