

KITSUMKALUM BAND MAIL-IN NOMINATION FORM

NOMINATOR DECLARATION

I (please print clearly) _____ solemnly affirm that I am a registered Elector of the Kitsumkalum Band pursuant to the *Indian Act* and *Indian Band Election Regulations*, and with regard to this election I make the Nomination(s) below.

Nominator Signature

Date

Phone

Email

NOMINATION FOR THE OFFICE OF CHIEF

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

NOMINATION(S) FOR THE OFFICE OF COUNCILLOR - SEVEN (7) TO BE ELECTED

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

2. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

3. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

4. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

5. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

6. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

7. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING.

You can mail or email a completed Mail-In Nomination Form and a completed, signed, and witnessed Voter Declaration Form (see next page) to the Electoral Officer before the Nomination Meeting OR you may nominate candidates at the Nomination Meeting. Mail-In Nomination Forms received by the Electoral Officer after the start of the Nomination Meeting are void.

Mail or email the completed Nomination and Declaration Forms to:

Email: nominations@onefeather.ca | Toll Free: 1-855-923-3006

Phone support is available weekdays from 9:30 am to 4:30 pm Pacific Time

209-852 Fort Street, Victoria, B.C., V8W 1H8

www.onefeather.ca/nations/kitsumkalum



KITSUMKALUM BAND VOTER DECLARATION FORM

YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

VOTER DECLARATION

I solemnly affirm that I am an eligible Voter of the Kitsumkalum Band pursuant to the *Indian Act* and *Indian Band Election Regulations*; I am at least 18 years of age; my information below is true and correct; and I do not know of any reason why I would be disqualified from voting at this election. I understand that it is an offence to make a false statement in this declaration.

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:

Voter Signature

WITNESS DECLARATION (TO BE FILLED OUT BY A PERSON WHO IS AT LEAST 18 YEARS OLD)

I solemnly affirm the identity of the voter, and that I have witnessed their signature above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

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