

TSESHAHT FIRST NATION NOMINATION FORM

NOMINATION DECLARATION

I (please print clearly) _____ solemnly affirm that I am an eligible Voter of the Tseshaht First Nation pursuant to the *Tseshaht Custom Election Code (2024)*, and with regard to this election I make the nomination(s) below.

Nominator Signature

Date

NOMINATION FOR THE OFFICE OF COUNCILLOR - ONE (1) TO BE ELECTED

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING.

A nomination may be made by this *Nomination Form* and *Voter Declaration Form* (see next page) properly completed, signed, witnessed, AND must be received by the Electoral Officer before the close of the Nomination Meeting (by email, hand delivery, etc), or in person at the Nomination Meeting.

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/tseshaht



OneFeather

TSESHAHT FIRST NATION 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 Tseshaht First Nation pursuant to the *Tseshaht Custom Election Code (2024)*; I am at least 16 years of age; and I do not know of any reason why I would be disqualified from voting in this election.

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 16 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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