

TSESHAHT FIRST NATION MAIL-IN NOMINATION FORM

NOMINATOR DECLARATION

I (please print clearly) _____ solemnly affirm that I am a registered Voter of the Tseshaht First Nation pursuant to the *Tseshaht Custom Election Code (2024)*, and with regard to the 2025 by-election I make the nomination below.

Nominator Signature

Date

Phone

Email

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

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

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 by the close of the Nomination Meeting (June 16, 2025, at 8:00 PM) OR you may nominate candidates at the Nomination Meeting. Mail-In Nomination Forms received by the Electoral Officer after 8:00 PM on June 16, 2025, 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/tseshaht



OneFeather

TSESHAHT FIRST NATION VOTER DECLARATION FORM

YOU MUST COMPLETE THIS FORM & SUBMIT IT WITH YOUR MAIL-IN NOMINATION – 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; my information written below is true and correct; and I do not know of any reason why I would be disqualified from nominating or seconding a candidate in this by-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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