

ISKUT BAND COUNCIL NOMINATION FORM

NOMINATION DECLARATION

I _____ (please print clearly) solemnly affirm that I am a registered Elector of the Iskut Band pursuant to the *Iskut Band Custom Election Code (2021)*, and with regard to this election I make the Nomination(s) below.

Nominator Signature

Date

Phone

eMail

NOMINATION FOR THE OFFICE OF COUNCILLOR - TWO (2) TO BE ELECTED

1 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

2 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING.
EACH VOTER MAY NOT NOMINATE OR SECOND MORE THAN TWO CANDIDATES.

A nomination may be made by *Nomination Form & Elector Declaration Form* (see over) properly completed, signed, witnessed, AND submitted to the Electoral Officer.

Fax or email the completed Nomination and Declaration to:

Drew Shaw, Electoral Officer Support at OneFeather

Email: support@onefeather.ca



OneFeather

Office: 250-384-8200 Toll Free: 1855-923-3006 Fax: 250-384-5416

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

<https://www.onefeather.ca/nations/iskut>

ISKUT BAND COUNCIL DECLARATION FORM

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

ELECTOR DECLARATION

I solemnly affirm that I: am an eligible Elector of the Iskut Band pursuant to the *Iskut Band Custom Election Code (2021)*; 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 solemnly affirm that I personally know the above, and have witnessed their signature.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

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