

SHUSWAP BAND NOMINATION FORM

NOMINATION/SECOND DECLARATION

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

Nominator Signature

Date

Phone

eMail

NOMINATION OR SECOND FOR OFFICE OF CHIEF

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

NOMINATION OR SECOND FOR OFFICE OF COUNCILLOR

1 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

2 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING A NOMINEE.

A nomination may be made by properly completing the *Nomination Form & Elector Declaration Form* (don't forget this document), signed, witnessed, AND submitted to the Electoral Officer prior to the start of the Nomination Meeting, or in person at the Nomination Meeting.

For more information or assistance please contact:

Drew Shaw, Electoral Officer

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/shuswap>

SHUSWAP BAND 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 Shuswap Band pursuant to the *First Nations Elections Act [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 [Above]

WITNESS DECLARATION

I solemnly affirm that I personally know, and have witnessed the signature of, the person above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature [Above]

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