

# SUMAS FIRST NATION NOMINATION FORM

## NOMINATION DECLARATION

I, (please print clearly) \_\_\_\_\_ solemnly affirm that I am an eligible Elector of the Sumas First Nation pursuant to the *Sumas First Nation Election Regulations and Procedures*, and with regard to this election I make the nomination(s) below.

\_\_\_\_\_  
Nominator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

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

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

## NOMINATION FOR THE OFFICE OF COUNCILLOR - FOUR (4) 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:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING.

You can mail or email a completed 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 Voter Declaration Forms to:

Email: [nominations@onefeather.ca](mailto: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/sumas](http://www.onefeather.ca/nations/sumas)



# SUMAS FIRST NATION VOTER DECLARATION FORM

YOU MUST COMPLETE THIS FORM & SUBMIT IT WITH YOUR NOMINATION FORM – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

## VOTER DECLARATION

I solemnly affirm that I am an eligible Elector of the Sumas First Nation pursuant to the *Sumas First Nation Election Regulations and Procedures*; I am at least 18 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 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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