

FROG LAKE FIRST NATION NOMINATION FORM

NOMINATION DECLARATION

I _____ (please print clearly) solemnly affirm that I am a registered Elector of the Frog Lake First Nation pursuant to the *Frog Lake First Nations Election Code*, and with regard to this election I make the Nomination(s) below. I understand that I can only nominate or second a total of one (1) individual for Chief and up to six (6) individuals for Councillor, regardless of the individual's intent to decline or accept their nomination.

Nominator Signature

Date

Phone

Email

NOMINATION FOR THE OFFICE OF CHIEF – ONE (1) TOTAL

1. PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

NOMINATION FOR THE OFFICE OF COUNCILLOR - SIX (6) TOTAL

1 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

2 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

3 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

4 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

5 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

6 PRINT NAME CLEARLY:

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING.

A nomination may be made by *Nomination Form & Elector Declaration Form* (see over) properly completed, signed, witnessed, AND submitted to the Electoral Officer prior to the start of the Nomination Meeting or in-person at the Nomination Meeting.

Mail or email the completed Nomination and Declaration to:

Email: support@onefeather.ca
Office: 250-384-8200 Toll Free: 1855-923-3006
209-852 Fort Street, Victoria, B.C., V8W 1H8
<https://www.onefeather.ca/nations/froglake>



FROG LAKE 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 Frog Lake First Nation pursuant to the *Frog Lake First Nations Election Code*; 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 Elector, 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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