

Mail-in Nomination Form for Council Election

For the election of the Haisla Nation Council

I, _____ declare that:
(Please print your name)

1. My status number is _____ and / or my date of birth is _____ .
2. My current mailing address is:

3. I do not know of any reason why I would be disqualified from voting at this election.

I make this declaration believing it to be true and knowing that it is the same as if it were made under oath. I understand that it is an offence to make a false statement in this declaration.

*

Your Signature

Date

I nominate _____ for the position of Chief / Councillor (circle one)

I nominate _____ for the position of Councillor (circle one)

Your phone number, in case I have to call you about the nomination: _____

MAIL this back to: Electoral Officer, Box 4324 Williams Lake BC V2G 2V4

Witness Declaration

Declared before me _____ at _____
(name) (municipality/place)

this _____ day of _____ 20 _____.
(date) (month) (year)

*

Signature of Witness

Address

City

Province

Postal Code

Telephone number of Witness

Do you want your address to be given to candidates, so they can send you election material?

YES

NO