GWA'SALA-'NAKWAXDA'XW NATIONS NOMINATION FORM

NOMINATION DECLARATION

I _____ **(please print clearly)** solemnly affirm that I am a registered Elector of the Gwa'sala-'Nakwaxda'wx Nations pursuant to the *Gwa'sala-'Nakwaxda'wx Nations 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 CHIEF COUNCILLOR

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.

A nomination may be made by this *Nomination Form* & *Elector Declaration Form* (see next page) properly completed, signed, witnessed, AND submitted to the Electoral Officer prior to the start of the Nomination Meeting (by mail, email, etc) OR in person at the Nomination Meeting.

Submit your Nomination and Voter Declaration forms to the Electoral Officer at OneFeather:

Email: **nominations@onefeather.ca**

Phone: **250-384-8200** 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/gn

OneFeather

GWA'SALA-'NAKWAXDA'XW NATIONS VOTER DECLARATION FORM

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

VOTER DECLARATION

I solemnly affirm that I am an eligible Voter of Gwa'sala-'Nakwaxda'wx Nations pursuant to the *Gwa'sala-'Nakwaxda'wx Nations Custom Election Code (2021)*; I am at least 18 years of age; and I do not know of any reason why I would be disqualified from nominating and 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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