

# GWA'SALA-'NAKWAXDA'XW NATIONS HI'LI'GAM TRUSTEE NOMINATION FORM

## NOMINATION DECLARATION

I \_\_\_\_\_ (please print clearly) solemnly affirm that I am a registered Elector of the Gwa'sala-'Nakwaxda'xw Nations pursuant to the *Gwa'sala-'Nakwaxda'xw Hi'li'gam Trust Agreement*, and with regard to this election I make the Nomination(s) below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
eMail

## NOMINATION FOR THE OFFICE OF COMMUNITY TRUSTEE - TWO (2) TO BE ELECTED

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

2. 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.

Eligible voters may nominate other eligible voters (registered members of the Gwa'sala - 'Nakwaxda'xw Nations over 18 years old) to be Community Trustees.

After eligibility is confirmed, each nominee will be contacted and given 24 hours to decide whether to run for the position. The nominees will also decide whether they want to represent Gwa'sala or 'Nakwaxda'xw.

A list of nominees and which Nation they are representing will go out to the community.

Mail or email the completed Nomination and 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/gn](http://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'xw Nations pursuant to the *Gwa'sala-'Nakwaxda'xw Hi'li'gam Trust Agreement*; 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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