

# **TSARTLIP FIRST NATION**

## **Mail-In Nomination Form**

I, \_\_\_\_\_, Band # \_\_\_\_\_  
*(Please print name)* (status Number)

of the Tsartlip First Nation hereby nominate:

\_\_\_\_\_  
**(Print name of Nominee)**

of the Tsartlip First Nation for the position of:

**CHIEF**

**COUNCILLOR**

### **NOMINEE FOR CANDIDATE INFORMATION**

\_\_\_\_\_  
Address of Nominee First Nation/Municipality Province/Territory Postal code

\_\_\_\_\_  
E-mail, if applicable ( ) -  
Telephone Number

### **NOMINATOR INFORMATION**

\_\_\_\_\_  
Address of Nominator First Nation/Municipality Province/Territory Postal code

\_\_\_\_\_  
E-mail, if applicable ( ) -  
Telephone Number

\_\_\_\_\_  
**Signature of Nominator**

\_\_\_\_\_  
Date

It is important that your telephone number and address be included above in case the Electoral Officer needs to contact you for clarification regarding the name of the individual that you are nominating.