

SWAN RIVER FIRST NATION MAIL-IN NOMINATION FORM

NOMINATOR DECLARATION

I (please print clearly) _____ solemnly affirm that I am a registered Elector of the Swan River First Nation pursuant to the *Swan River First Nation Customary Election Regulations (2007)*, and with regard to this election I make the nomination(s) below.

Nominator Signature

Date

NOMINATION FOR THE OFFICE OF CHIEF

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

NOMINATION(S) FOR THE OFFICE OF COUNCILLOR - THREE (3) TO BE ELECTED

1. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

2. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

3. PRINT NAME CLEARLY:

ADDRESS:

EMAIL:

PHONE:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING.

You can mail or email a completed Mail-In Nomination Form and a completed, signed, and witnessed Voter Declaration Form (see next page) to the Electoral Officer before the Nomination Meeting OR you may nominate candidates at the Nomination Meeting. Written nominations that have been sent by mail or email which are received by the Electoral Officer after the start of the Nomination Meeting are void.

Mail or email the completed Nomination and Declaration Forms to:

Email: 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/swanriver



OneFeather

SWAN RIVER FIRST NATION VOTER DECLARATION FORM

YOU MUST COMPLETE THIS FORM & SUBMIT IT WITH YOUR MAIL-IN NOMINATION – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

VOTER DECLARATION

I solemnly affirm that I am an eligible elector of Swan River First Nation pursuant to the *Swan River First Nation Customary Election Regulations (2007)*; I am at least 18 years of age; and my information written below is true and correct. I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath.

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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