

# HUPACASATH FIRST NATION NOMINATION FORM

## NOMINATION/SECOND DECLARATION

I \_\_\_\_\_ (please print clearly) swear and affirm that I am a registered Elector of the Hupacasath First Nation pursuant the Indian Act Election Regulation, and **WITH REGARD TO THIS ELECTION** I make the following Nomination(s) and/or Second(s).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
eMail

## NOMINATION OR SECOND FOR OFFICE OF CHIEF

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

## NOMINATION OR SECOND FOR OFFICE OF COUNCILLOR

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

2. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

3. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING CANDIDATES FOR ELECTION.

A NOMINATION OR SECONDER may be made by submitting this *Nomination Form & Elector Declaration Form* (attached - don't forget this document) properly completed, signed and Witnessed, AND submitted to the Electoral Officer prior to the start of the Nomination Meeting or in person at the Nomination Meeting. For more information or assistance, please contact an Electoral Officer:

Lawrence Lewis, Electoral Officer

Ph: (250) 384-8200

Email: [lawrence@onefeather.ca](mailto:lawrence@onefeather.ca)

Jaclyn Casler, Deputy Electoral Officer

Ph/txt: (250) 213-5247

Email: [jaclyn@onefeather.ca](mailto:jaclyn@onefeather.ca)

Office: (250) 384-8200

TF: 1-855-458-5888

Fax: 250 384-5416

PO Box 35008 Hillside, Victoria, BC V8T 5G2

<https://onefeather.ca/nations/hupacasath>

# HUPACASATH FIRST NATION DECLARATION FORM

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

## ELECTOR DECLARATION

I solemnly declare that I am an eligible Elector of the Hupacasath First Nation pursuant to the *Indian Act Election Regulations*, at the address listed below and that I am at least 18 years of age.

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:

**Elector Signature**

## WITNESS DECLARATION

I swear and affirm that I personally know and have witnessed the signature above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

**Witness Signature**

Lawrence Lewis, Electoral Officer

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Email: [lawrence@onefeather.ca](mailto:lawrence@onefeather.ca)

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