

In-Person Nomination Form

Fort Nelson First Nation

I nominate _____
For the position of Councillor.
Candidate's phone #/Email _____

NOMINATOR

My name is _____ Band/Registry/Status # _____
Signature _____
Phone Number (____) _____

SECONDER

I hereby second the nomination
My name is _____ Band/Registry/Status # _____
Signature _____
Phone Number (____) _____ - _____

CANDIDATE

- I accept the nomination and my information package.
 I decline the nomination

I want my name to appear on the ballot as:

Surname Given name(s) (nick name/Alias)

Band/Status Number (____) _____ - _____
Phone number

Address City

Province/Territory Postal code E-mail Address

Signature