

Mail-In Nomination Form

I, _____ of the Fort Nelson First Nation
(Please print name)

Nominate	
_____ for Councillor .	
Name of Nominee	Nominee's phone# and/or Email

Your Signature

Date

Your Status Number OR Date of Birth _____

**Your telephone Number () _____

I am at least 18 years of age.

I do not know of any reason why I would be disqualified from submitting this nomination.

WITNESS: This form **must be signed** by another adult (anyone 18+)

Name of witness (any adult)

Signature of witness

****We need your phone number in case the Electoral Officer needs to contact you about the name of the person that you are nominating.**

Do you want your address given to candidates so that they can send you election material? Circle one: **YES / NO**