

# DITIDAHT FIRST NATION NOMINATION FORM

## NOMINATION/SECOND DECLARATION

I \_\_\_\_\_ (please print clearly) solemnly affirm that I am a registered Elector of the Ditidaht First Nation pursuant to the *Ditidaht First Nation Election Regulations* 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 THE OFFICE OF CHIEF

1 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

## NOMINATION OR SECOND FOR THE OFFICE OF COUNCILLOR

1 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

2 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

3 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

4 PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

EMAIL:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING A NOMINEE.

A nomination can be made by properly completing the *Nomination Form & Elector Declaration Form*, AND submitting it to the Electoral Officer at the Nomination Meeting.

For more information or assistance please contact OneFeather

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

Office: 250-384-8200 Toll Free: 1-855-923-3006

209-852 Fort Street, Victoria, B.C., V8W 1H8

<https://www.onefeather.ca/nations/ditidaht>



# DITIDAHT FIRST NATION DECLARATION FORM

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

## ELECTOR DECLARATION

I solemnly affirm that I: am an eligible Elector of the Ditidaht First Nation pursuant to the *Ditidaht First Nation Election Regulations*; live at the address listed below; and 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 solemnly affirm the identity of the elector and that I have witnessed their signature above.

Last Name:

First Name:

Middle Initial:

Date of Birth (dd/mm/yyyy):

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

**Witness Signature**

For more information or assistance please contact **OneFeather**

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