

# XATŚŪLL FIRST NATION MAIL-IN NOMINATION FORM

## NOMINATOR DECLARATION

I (please print clearly) \_\_\_\_\_ solemnly affirm that I am a registered Elector of the Xatśūll First Nation pursuant to the *Xatśūll Election Code (2024)*, and with regard to the 2025 Election I make the nomination(s) below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## NOMINATION(S) FOR THE OFFICE OF TKWEKW'ENMIPLE7 (COUNCILLOR) - TWO (2) TO BE ELECTED

### 1. PRINT NAME CLEARLY:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
EMAIL:

\_\_\_\_\_  
PHONE:

### 2. 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 propose or second the nomination of Candidates in person at the Nomination Meeting. Mailed nominations that are not received by the Electoral Officer before the time set for the Nomination Meeting are void.

Any Elector may nominate or second no more than the number of eligible persons equivalent to the vacancies for the office of Tkwekw'enmiple7.

Mail or email the completed Mail-In Nomination and Declaration Forms to:

Email: [nominations@onefeather.ca](mailto: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/xatsull](http://www.onefeather.ca/nations/xatsull)



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# XATŚŪLL FIRST NATION VOTER DECLARATION FORM

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

## VOTER DECLARATION

I solemnly affirm that I am an eligible Elector of Xatśūll First Nation pursuant to the *Xatśūll Election Code (2024)*; I am at least 18 years of age; and my information filled out below is true and correct.

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 (TO BE FILLED OUT BY A PERSON WHO IS AT LEAST 18 YEARS OLD)

I solemnly affirm the identity of the Elector, 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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