

# SFN Chief & Council Mail-in Nomination Form

I \_\_\_\_\_, band/status # \_\_\_\_\_ of the Snuneymuxw First Nation, herby

nominate \_\_\_\_\_ for the position of: Chief ☐ Councillor ☐ (check one)

## Voter Declaration Accompanying the Mail-in Ballot

In the matter of the election of Snuneymuxw First Nation, held according to the SFN Electoral Code,

I, \_\_\_\_\_ solemnly declare that:  
(Please print your name)

1. My band/status card number is \_\_\_\_\_ and my date of birth is \_\_\_\_\_

2. My current mailing address is: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

3. I am a member of Snuneymuxw First Nation.

4. I am at least 18 years of age.

5. I do not know of any reason why I would be disqualified from voting at this election.

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath. I understand that it is an offence to make a false statement in this declaration.

\_\_\_\_\_  
Signature of Elector

\_\_\_\_\_  
Date

### **WITNESS DECLARATION** (to be filled out by any person who is at least 18 years old)

Declared before me \_\_\_\_\_ at \_\_\_\_\_  
(Witness name) (First Nation or Municipality)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Witness Mailing address is: \_\_\_\_\_

Witness Phone number: \_\_\_\_\_