

## Ahousaht Mail-in Nomination Form

I, \_\_\_\_\_, a member of Ahousaht,  
(your name)

membership # \_\_\_\_\_, hereby nominate of Ahousaht:

\_\_\_\_\_  
(Name of Nominee)

**For the Position of (CHECK ONE):**    Chief Councillor     or    Councillor

**NOMINATOR**

Signature of Nominator	Phone Number (and email if you want)
Print Name	Date

**SECCONDER**

Signature of Seconder	Phone Number (and email if you want)
Print Name	Date

1. It is important that your telephone numbers (email address optional) be included above in case the Electoral Officer needs to contact you for clarification regarding the name of the individual that you are nominating.
  
2. To be a valid nomination, **both the nominator and the seconder must complete a “Mail-in Nomination Declaration”** (on the other side of this page) that is properly signed and witnessed. Both must be members of the Ahousaht and of age to vote.

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Please contact the electoral officer anytime for any assistance required.

Phone: 1-833-443-VOTE (8683)    Email: [ronlauferelections@gmail.com](mailto:ronlauferelections@gmail.com)

P.O. Box 96125, Mountain View, Vancouver, BC V5V 0H7

## Mail-in Nomination Declaration

**\*\*Nominator and Seconder must each complete this form (1 form each needed)\*\***

In the matter of the election of Ahousaht, held according to the Ahousaht

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

1. I am a member of the Ahousaht.
2. My membership # (status card #) is \_\_\_\_\_ and my date of birth is \_\_\_\_\_
3. My current mailing address is: \_\_\_\_\_

4. I am at least 18 years of age.
5. I do not know of any reason why I would be disqualified from nominating 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 Voter**

\_\_\_\_\_  
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: \_\_\_\_\_

This declaration must be signed by you and a witness, who is at least 18 years old, and returned to the Electoral Officer with your completed nomination form, or your nomination will not be accepted.