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Qikiqtani Inuit Association

FORM 3

Nomination Paper

Nomination for the Position of _____

Name of Candidate (English)	Telephone	Electoral Community
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Name of Candidate (Syllabics)	Address	Email Address
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Please print your name in English and in Syllabics as you would like them to appear on the ballot.

Nominators

We each declare that to the best of our knowledge, information and belief, the aforementioned candidate is a beneficiary, has attained the age of 16, is eligible to be nominated and, is not subject to any of the disqualifications of the Election Regulations of the Qikiqtani Inuit Association.

1. _____

Name of Nominator	Address	Signature
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2. _____

Name of Nominator	Address	Signature
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3. _____

Name of Nominator	Address	Signature
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CONSENT AND DECLARATION

I, _____ consent to the nomination as a candidate for the position of _____ and declare that I am eligible to be a candidate and I am not in violation of the Election Regulations as set out by the Qikiqtani Inuit Association.

DECLARED BEFORE ME

Date	Signature of Election Officer	Signature of Candidate
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