



Nomination Paper

Nomination for the Position of _____

_____ Name of Candidate (Syllabic)*	_____ Name of Candidate (English)*
_____ Address	_____ Community
_____ Telephone	_____ Email

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 Community Signature
2. _____
Name of Nominator Community Signature
3. _____
Name of Nominator Community Signature

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

** Please print your name clearly. This spelling will be used on the ballots.*