

Nomination Paper

Name of Candidate	(Syllabic)*	Name of Candidate	(English)*	
Address		Communit	Community	
Telephone		Email		
a beneficiary, has attain	ed the age of 16, is eligil	e, information and belief, the oble to be nominated and, is no Qikiqtani Inuit Association.		
Name of Nominator	Commi		nature	
Name of Nominator	Commi	unity Sig	gnature	
Name of Nominator	Commi	unity Sig	gnature	
ONSENT AND DECLARA				
		consent to the nomination and declare that I		
		Regulations as set out by the		
ECLARED BEFORE ME				

for the land of the CDA Florida Day Latin and the CDA and the CDA