

NLAKA'PAMUX HEALTH SERVICES SOCIETY

CANDIDATE ACCEPTANCE FORM

YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

This form can be submitted in-person, by mail, by e-mail, or by facsimile, and must be received by 4:30 pm on Tuesday October 12th, 2021.

I _____ having been duly nominated and seconded as
(name of nominee)

a candidate in the election of the Nlaka'pamux Health Services Society, Health Political and Governance Representative scheduled to be held on 19th October 2021, do hereby accept my nomination as a candidate for the position of:

Nlaka'pamux Health Services Society, Health Political and Governance Representative

I further attest that I am a member of the said Nation, at least 18 years of age, and eligible to be a candidate at this election under the Nlaka'pamux Health Services Society Bylaws [2019].

Signature: _____

Address

City/Town

Province

Postal code

Telephone: (____) ____ - _____

E-mail: _____

I want my name to appear on the ballot as (please print):

Surname

Given name(s) (nick name/alias)

For use by the Electoral Officer only

Nominated by: _____ Status # _____

Nlaka'pamux Health Services Society, Health Political and Governance Representative

Nomination seconded by: _____ Status # _____

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For more information or assistance please contact:

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