

NLAKA'PAMUX HEALTH SERVICES SOCIETY HEALTH GOVERNANCE AND POLITICAL REPRESENTATIVE NOMINATION FORM

NOMINATION/SECOND DECLARATION

I _____ (please print clearly) solemnly affirm that I am a registered Elector of the Nlaka'pamux Health Services Society pursuant the *Nlaka'pamux Health Services Society Election Regulations (2019)*, and **WITH REGARD TO THIS ELECTION** I make the following Nomination(s) and/or Second(s).

Nominator Signature

Date

Phone

eMail

NOMINATION OR SECOND FOR OFFICE OF HEALTH GOVERNANCE REPRESENTATIVE

1. PRINT NAME CLEARLY

ADDRESS:

PHONE NUMBER:

ELECTORS MAY USE THIS FORM FOR EITHER NOMINATING OR SECONDING A NOMINEE.

A nomination may be made by properly completing the *Nomination Form & Elector Declaration Form* (don't forget this document) properly completed, signed, witnessed, AND submitted to the Electoral Officer prior to the start of the Nomination Meeting, or in person at the Nomination Meeting.

For more information or assistance please contact:

Bernadette Collins
collins.b@nlxfn.com
Mobile: +1 250 315-5227

SmartBallot 

Patrick Marshall
patrick.marshall@smartballot.ca
Mobile: +1 250 507-4500

<https://www.smartballot.ca/organizations/nlxfn>

NLAKA'PAMUX HEALTH SERVICES SOCIETY DECLARATION FORM

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

ELECTOR DECLARATION

I solemnly affirm that I: am an eligible Elector of the Nlaka'pamux Health Services Society pursuant to the *Nlaka'pamux Health Services Society Election Regulations (2019)*; live at the address listed below; and am at least 18 years of age.

Last Name:

First Name:

Middle Initial:

Date of Birth (dd/mm/yyyy):

Registry Number (Status No.):

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

X.

Date:

Elector Signature

WITNESS DECLARATION

I solemnly affirm that I personally know, and have witnessed the signature of, the person above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

For more information or assistance please contact:

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