

Saik'uz First Nation

Nomination Form

We, the undersigned Electors of S	Saik'uz First Natio	n, herby nom	inate:
For the for the office of (circle on	ne)		Candidate Name
	,		
Councilor at Large Elder Counc		or	Off-Reserve Councilor
Candidate's Email Address and/or Phone	o Numbor		
Candidate's Linail Address and/of Phone	e Number		
Nominator #1			
Signature		tatus Number	
Signature	J	tatus Number	
Date	Γ	Date of Birth	
Telephone Number	A	Address	
Nominator #2			
Signature		tatus Number	
Date		Date of Birth	
		Address	
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