

SCHEDULE A NOMINATION FORM

Person submitted for nomination: _____
(Print name)

for the position of: _____
(Chief or Legislator)

Telephone number of person nominated (optional): _____

Address of person nominated (optional): _____

E-mail address of person nominated (optional): _____

Nominated by: _____
(Print name)

Seconded by _____
(Print name)

In the matter of the Election of Tsawwassen Government, held according to the *Election Act* (Tsawwassen), I declare that:

1. I am a Tsawwassen Member;
2. I am or will be the full age of eighteen years on election day;
3. I am not disqualified from voting at the Tsawwassen First Nation government elections.

I make this declaration conscientiously believing it to be true and knowing that it is an offence under the *Election Act* (Tsawwassen) to make a false or misleading statement

(Signature of nominator)

Date

(Signature of seconder)

Date

The personal information on this form is collected under section 25 of the Election Act. The information will be used to determine nomination for election. If you have any questions about the collection or use of this information, please contact the CAO at 604-943-2112.