**Tribal Council Election**

**Nomination Form**

I , would like to nominate , to

 **Nominator Nominee**

serve on the 29th Tribal Council to represent .

 **District Name**

I , would like to second the nomination.

 **Person Seconding**

**Certification**

Nominee must meet the following eligibility requirements under Chapter 20, Ordinance 44.

Tribal Member: Yes No

21 Years of age or older: Yes No

Never been convicted of a felony: Yes No

**Nominator Signature**: District: Enrollment #:

**Seconding Sign**: District: Enrollment #:

**Nominee Signature**: Enrollment #:

**Date**:

**Delivery of Nomination Forms**

Please return your form completely filled out to the BLUE DROP BOX inside the Administration Building by February 3, 2022 by 5 pm or deliver to the Agency District Council Nomination Meeting on February 3, 2022 at 6 pm at the Agency Longhouse.

Nomination form must be readable and legible.