## **Native Tribe of Kanatak**

Office: 907-357-5991

## **Nomination Form for Kanatak Tribal Council**

Completed forms can be mailed to P.O. Box 216 Walnutport, PA 18088 Or faxed to: 1-907-357-5992 or 1-866-KANATAK or emailed to kanataktribe@rocketmail.com

## ALL NOMINATION FORMS ARE DUE BY October 5, 2016

1 council seat is up for election. Nominate 1 Kanatak Tribal member

SELF NOMINATION:	
Fill Out this section if you would like to <b>nominate yourself</b> for a vacant seat on the Tribal Council.	
1.) I,, hereby nominate myself as a ca	ndidate for the Kanatak
Tribal Council. I certify that according to the Constitution of the Native Tribe of Kanatak that I am	
eligible to hold office.	
Signature: Date:	
<b>OR Nominate another member.</b> (Since only 1 seat up for election, you may make 1 nomination)	
NOMINATION(s) BY MEMBER:	
Fill out this section if you would like to nominate another Tribal member for 1 vacant seat on the Tribal Council.	
Thi out this section if you would like to nonlineate another Tribal member for I vacant seat on the	e II ibai Coulicii.
1.) As a member of the Kanatak Tribe, I hereby nominate Kanatak Tribal member	or
, as a candidate for a vacant seat on the Kanatak Tribal	
Council.	the Kanatak IIIbai
Council.	
Maranista di sano	
My printed name:	_
Signature. Date:	
Signature: Date:	_
Nominator contact information:	
Name:	
Address: City:	!
Address:	
Nominee contact information (if known):	
Nominee 1	
Name:	Phone:
email:	
ELECTION COMMITTEE USE Only:	
Date received: Eligibility verified: Y / N	
Date Nomination Letter sent:	
Date of Nominee's acceptance or decline:	
Committee Member Signature:	ļ

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