# 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 **nominate yourself** for a vacant seat on the Tribal Council.

1. I, ______________________________, hereby nominate myself as a candidate 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: ________________

OR **Nominate another member.** (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.

1. As a member of the Kanatak Tribe, I hereby nominate Kanatak Tribal member ____________________________, as a candidate for a vacant seat on the Kanatak Tribal Council.

   My printed name: _________________________________________________________________________________
   Signature: ___________________________ Date: ________________

## Nominator contact information:

Name: __________________________________________________________
Address: _________________________________________________________ City: __________________________
State: ___ Zip: _______ Phone: __________ email: __________________________

## 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: _____________________________________________________