



Squaxin Island Tribe



Nomination and Affidavit of Candidacy Form

This is the official nomination form of a candidate for a position on Squaxin Island Tribal Council in the forthcoming election.

The forthcoming election will take place following the finalization of candidates and may require run-off election(s) if a majority vote (more than 50%) by the General Council is not reached.

Please state the candidate’s information below. The Candidate must be an enrolled Squaxin Island Tribal Member, 18 years or older and have domiciled (lived) within a fifty-mile radius from any point of Squaxin Island for the last year preceding this election. Candidates may nominate themselves.

Candidate Name: _____

Enrollment Number: _____

Address: _____ City: _____ State: _____

Telephone Number: _____

Position of Nomination (mark one of the following positions)

Council Chairman

Council Member 1

Council Member 2

Nominator information:

Please state you, the nominator’s information below for official record. The nominator must be an enrolled Squaxin Island Tribal Member of 18 years or older.

Nominator Name: _____

Enrollment Number: _____

Address: _____ City: _____ State: _____

Telephone Number: _____

I am an enrolled member of the Squaxin Island Tribe and eligible to vote in this election, and by my signature, I nominate and endorse the candidate named above for the office listed therein. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge, information, and belief.

Signature
(physical or digital signature acceptable)

Date

This form must be received by 4:00 PM on June 23rd, 2020 at:

Squaxin Island Tribe Elections Committee
10 SE Squaxin Ln
Shelton, WA 98584

OR emailed with electronic or physical signatures to:

elections@squaxin.us