

ᐊᐃᑦᐱᑦᓃᑦ: _____

ᐅᑦᑦᑦᑦᑦ: _____

ᐅᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ: _____

Seconded by (Please print): _____

Address: _____

Phone/Fax Number: _____

ᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᐅᑦ ᐊᑦᑦᑦᑦᑦ:

Explain the reason why you are nominating this woman:

ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᐊᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᐊᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ:

Nomination accepted by the candidate (signature of candidate required):

ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ:	ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ:	ᐊᐃᑦᐱᑦᓃᑦ:
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Candidate:	Nominator:	Secunder:
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ᐅᑦᑦᑦᑦᑦ/Date: _____

