



ᐋᐃᑦᐱᑦ: \_\_\_\_\_

ᐅᑦᑦᑦ: \_\_\_\_\_

ᐅᑦᑦᑦ ᑦᑦᑦᑦᑦᑦ: \_\_\_\_\_

Seconded by (Please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax Number: \_\_\_\_\_

ᑦᑦᑦᑦᑦ ᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᐅᑦ ᐋᑦᑦᑦ:

Explain the reason why you are nominating this woman:

---



---



---



---



---

ᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᐋᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᐋᑦᑦᑦᑦᑦᑦᑦᑦᑦ:

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

ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ	ᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ	ᐋᐃᑦᐱᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦᑦ
------------------	------------------	----------------------

Candidate:	Nominator:	Seconder:
------------	------------	-----------

ᐅᑦᑦᑦ/Date: \_\_\_\_\_

