ᐸᐅᒃᑑᑎᑦ
ᐃᓄᐃᑦ ᐊᕐᓇᐃᑦ ᑲᓇᑕᒥ
PAUKTUUTIT
INUIT WOMEN OF CANADA

ᑭᕙᓪᓕᖅ

Kivalliq

ᓂᕈᐊᒐᒃᓴᓐᖑᕐᑎᑦᑎᔾᔪᑎ

Nomination Form

ᐸᐅᑦᑑᑎᒃᑯᑦ ᑲᑎᒪᔨᖏᓐᓄᑦ

Pauktuutit Board of Directors

ᐊᑯᓂᐅᓂᕆᔭᖓᓄᑦ 2017-ᒥᑦ 2019-ᒧᑦ

For the Term 2017 to 2019

ᓂᕈᐊᕋᑦᓴᓕᐊᖑᔪᖅ: ______________________________

ᑐᕌᕈᑎᖓ: ______________________________

ᐅᖄᓚᐅᑎᖓ ᓯᑲᑦᑐᒃᑰᕈᑎᖓᓄ: ______________________________

Name of Candidate (Please print): ______________________________

Address: ______________________________

Phone/Fax Number: ______________________________

ᓂᕈᐊᕋᑦᓴᓕᐅᖅᑐᖅ: ______________________________

ᑐᕌᕈᑎᖓ: ______________________________

ᐅᖄᓚᐅᑎᖓ ᓯᑲᑦᑐᑰᕈᑎᖓᓄ: ______________________________

Nominated by (Please print): ______________________________

Address: ______________________________

Phone/Fax Number: ______________________________

ᐊᐃᑉᐲᔪᖅ:

ᑐᖀᕈᑎᖓ:

ᐅᖄᓚᐅᑎᖓ ᓯᑲᑦᑐᒃᑰᕈᑎᖓᓗ:

Seconded by (Please print):

Address:

Phone/Fax Number:

ᑎᑎᕋᕐᓗᑎᑦ ᓱᒻᒪᑦ ᓂᕈᐊᕈᒪᖕᒪᖕᒫᖅᐱᐅᒃ ᐅᓇ ᐊᕐᓇᖅ:

Explain the reason why you are nominating this woman:

ᓂᕈᐊᕋᑦᓴᑕᐅᖅᑐᖅ ᐊᒻᒪᓗ ᓂᕈᐊᕋᑦᓴᑕᐊᖑᔪᖅ ᓇᓗᓇᐃᖅᓯᓂᖏᑦ ᐊᑎᑕᐅᕐᓂᒃᑯᑦ

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

ᓂᕈᐊᕋᑦᓴᑕᐊᖑᔪᖅ:	ᓂᕈᐊᕋᑦᓴᑕᐅᖅᑐᖅ:	ᐊᐃᑉᐲᔪᖅ:
Candidate:	Nominator:	Seconder:

ᐅᓪᓗᖓ/Date:

ᐊᒥᓱᓕᐊᖑᒍᓐᓇᖅᑐᖅ ᐅᓇ ᑐᓂᐅᖅᑲᖅᑕᐅᓗᑎ ᐱᔪᒪᔪᓄᑦ.

ᖃᐅᔨᒪᔭᐅᔭᕆᐊᓕᒃ:

ᐊᕐᓇᐃᑦ ᐃᓄᐃᑦ ᑭᓱᐊᓂ ᓂᕈᐊᕋᑦᓴᓕᐅᕈᓐᓇᖅᑐᑦ ᐅᕝᕙᓗ ᐊᕐᓇᐃᑦ ᐃᓄᐃᑦ ᑭᓱᐊᓂ ᓂᕈᐊᕋᑦᓴᓕᐊᖑᒍᓐᓇᖅᑐᑦ ᐸᐅᒃᑑᑎᒃᑯᑦ ᑲᑎᒪᔨᖏᓐᓄᑦ.

ᑲᑎᒪᔩᑦ ᐊᖅᖀᒍᖅᑲᓇᐊᖅᑲᑦᑐᑦ ᓂᕈᐊᕈᓐᓇᐅᑎᖅᑲᖅᓗᑎ ᐊᕕᒃᑐᓯᒪᔪᐃᑦ ᓄᓇᓕᖏᓐᓄ ᒪᓕᒡᓗᒋᑦ.

Please reproduce this form as required.

Note:

Only Inuit women can nominate and only Inuit women can be nominated for the Pauktuutit Board of Directors.

Board members must be of legal age in the province/territory where they reside.

ᑖᓐᓇ ᑕᑕᑎᓇᐊᓕᒃ ᓱᑲᑦᑐᒃᑰᖅᑎᓪᓗᒍ 5:00-ᒨᓚᐅᖕᒋᓐᓂᖕᒐᓂ ᕕᕝᕗᐊᕆ 24, 2017

ᖑᖅᐸᑦ ᐅᕗᖓ 613-238-1787-ᒧᑦ /iappa@pauktuutit.ca

PLEASE FAX THIS FORM BY 5:00pm (EST) February 24, 2017 TO 613-238-1787