ᐸᐅᒃᑑᑎᑦ
ᐃᓄᐃᑦ ᐊᖏᐃᑦ ᑲᓇᑕᒥ
PAUKTUUTIT
INUIT WOMEN OF CANADA

ᓱᐊᓗᓇᐃᐸ

Yellowknife

ᓂᕈᐊᒐᒃᓴᓐᖓᔪᑦᑎᑦᑎᔾᔪᑎ

Nomination Form

ᐸᐅᒃᑑᑎᑦ ᐊᐅᓚᑦᑎᔨᑦ ᑲᑎᒪᔨᖏᑦ

Pauktuutit Board of Directors

ᐊᑯᓂᐅᓂᓇᔭᖓᓄᑦ **2017** ᑎᑭᓪᓗᒍ **2019**

For the Term 2017 to 2019

ᓂᕈᐊᒐᑦᓴᓕᐊᖑᔪᖅ: _____

ᑐᕋᕈᑎᖓ: _____

ᐅᖃᓚᐅᑎᖓᓚᑕ ᓱᑲᔪᒃᑯᕈᑎᖓᓚᑕᓗ ᓈᓴᐅᑎᖏᑦ: _____

Name of Candidate (Please Print): _____

Address: _____

Phone/Fax Number: _____

ᓂᕈᐊᒐᑦᓴᐅᓕᕐᑐᖅ: _____

ᑐᕋᕈᑎᖓ: _____

ᐅᖃᓚᐅᑎᖓᓚᑕ ᓱᑲᔪᒃᑯᕈᑎᖓᓚᑕᓗ ᓈᓴᐅᑎᖏᑦ: _____

Nominated by (Please Print): _____

Address: _____

Phone/Fax Number: _____

ᐊᐃᑉᐲᔪᖅ: _____

ᑐᕐᕈᑎᖓ:_____

ᐅᖅᑳᓚᐅᑎᖓᑕ ᓱᑲᔪᒃᑯᕈᑎᖕᒋᑕᓗ ᓈᓴᐅᑎᖕᒋᑦ: _____

Seconded by (Please Print): _____

Address:_____

Phone/Fax Number:_____

ᑎᑎᕋᕐᓗᑎᑦ ᓱᒻᒪᑦ ᓂᕈᐊᒐᔅᓴᙵᖅᑎᑦᑐᒪᒻᒪᖕᒑᖅᐱᐅᒃ ᑖᓐᓇ ᐊᕐᓇᖅ:
Explain the reason why you are nominating this woman:

_____

_____

_____

_____

_____

ᓂᕈᐊᒐᑦᓴᓕᐅᕈᑎᑦ ᐊᖏᖅᑕᐅᓯᒪᓂᖕᒋᑦ ᓂᕈᐊᒐᑦᓴᙵᖅᑎᑕᐅᔪᒥᑦ (ᐊᑎᓕᐅᖅᑕᐅᓯᒪᔭᕆᐊᓖᑦ ᓂᕈᐊᒐᔅᓴᙵᖅᑎᑕᐅᔪᒥᑦ):
Nomination accepted by the candidate (Signature of Candidate Required)

_____

ᓂᕈᐊᒐᑦᓴᙵᖅᑎᑕᐅᔪᖅ	ᓂᕈᐊᒐᑦᓴᙵᖅᑎᑦᑎᔪᖅ	ᐊᐃᑉᐱᔪᖅ
Candidate	**Nominator**	**Seconder**

ᐅᑦᓗᖓᓂ/**Date:** _____

ᐅᔾᔨᕆᔭᐅᔭᕆᐊᓕᒃ:
ᐊᒥᓱᓕᐊᖑᔪᓐᓇᖅᑐᑦ ᑖᒃᑯᐊ ᑐᓂᐅᖅᑲᕐᑕᐅᓗᑎᒃ ᐱᑎᑕᐅᔪᒪᔪᓄᑦ.
ᐊᕐᓇᐃᑦ ᐃᓄᐃᑦ ᑭᓯᐊᓂ ᓂᕈᐊᒐᑦᓴᙵᖅᑎᑦᑎᔪᓐᓇᖅᑐᑦ ᐊᒻᒪᓗ ᐊᕐᓇᐃᑦ ᐃᓄᐃᑦ
ᓂᕈᐊᒐᑦᓴᙵᖅᑎᑕᐅᔪᓐᓇᖅᑐᑎᒃ ᐸᐅᒃᑑᑎᒃᑯᑦ ᑲᑎᒪᔨᖕᒋᓐᓄᑦ.

Note:
Please reproduce these forms as required.
Only Inuit women can nominate and only Inuit can be nominated for the Pauktuutit Board of Directors.

ᑖᒃᑯᐊ ᑕᑕᑎᕆᐊᓖᑦ ᓱᒃᑲᔪᒃᑯᑦ ᐊᐅᓪᓚᖅᑎᓪᓗᒋᑦ 5:00-ᒧᐊᓚᐅᙱᓐᓂᖓᓂ, ᕕᐸᕈᐊᕆ 24, 2017
ᑐᖕᒐᓂ, ᐅᕗᖓ ᓱᒃᑲᔪᒃᑰᕈᑎᖓᓐᓄᑦ: 613-238-1787
PLEASE FAX THESE FORMS BY 5PM (EST), FEBRUARY 24, 2017
TO: 613-238-1787