

CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

NOMINATION FORM

CONSOLIDATED BY-LAW NO. 9: BY-LAW RESPECTING THE PROCEDURE FOR THE ELECTION OF THE CREE REPRESENTATIVE OF THE MEMBERS OF THE CREE NATION GOVERNMENT AND CHAIRPERSON OF THE CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY (REF. S. 5.01)

TO: THE RETURNING OFFICER

WE, THE UNDERSIGNED, being at least ten (10) Cree beneficiaries within the meaning of Section 3 of the *James Bay and Northern Québec Agreement*, of the age of majority and entitled to hold office and to vote for a Cree local government provided for in Section 10 of the said Agreement, do hereby **NOMINATE** for the position of Cree representative of the members of the Cree Nation Government on the board of directors of the Cree Board of Health and Social Services of James Bay and Chairperson of such Board the following person ("**Candidate**"), who is also a Cree beneficiary within the meaning of Section 3 of the said *Agreement*, of the age of majority and entitled to hold office and to vote for a Cree local government provided for in Section 3.

CANDIDATE:

Name

Street Address

Date of Birth

Cree Beneficiary Number

Community

Postal Code



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AND WE HAVE SIGNED AND RETURNED THIS NOMINATION FORM TO THE RETURNING OFFICER BY OCTOBER 13, 2024:

Name of Candidate:

Date Received by Returning Officer:_____

No.	Name (block letters)	Date of Birth	Community	Beneficiary #	Signature	Date of Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Instructions: Completed nomination forms must be submitted to the Returning Officer in person, by mail, or by email (scanned PDF) or by fax by Sunday, October 13, 2024 at 11:59 p.m. The original of any nomination form sent by electronic means (email or fax) must be filed or returned to the Returning Officer by October 18, 2024 at 11:59pm. Return nomination forms to: Returning Officer, John Henry Wapachee, 6 Bear Trail, PO Box 131, Nemaska, QC JOY 3B0. Fax: [to be provided upon request] Email: <u>ihwapachee@nemaska.ca</u>.