



Confederated Tribes of Warm Springs, Oregon  
PO Box C  
Warm Springs, OR 97761  
Phone: 541-553-1161  
Fax: 541-553-1924

### Tribal Council Election Nomination Form

I \_\_\_\_\_, would like to nominate \_\_\_\_\_, to  
**Nominator** **Nominee**

serve on the 29<sup>th</sup> Tribal Council to represent \_\_\_\_\_.  
**District Name**

I \_\_\_\_\_, would like to second the nomination.  
**Person Seconding**

#### Certification

Nominee must meet the following eligibility requirements under Chapter 20, Ordinance 44.

Tribal Member: Yes \_\_\_\_\_ No \_\_\_\_\_  
21 Years of age or older: Yes \_\_\_\_\_ No \_\_\_\_\_  
Never been convicted of a felony: Yes \_\_\_\_\_ No \_\_\_\_\_

**Nominator Signature:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_

**Seconding Sign:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_

**Nominee Signature:** \_\_\_\_\_ **Enrollment #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Delivery of Nomination Forms

Please return your form completely filled out to the BLUE DROP BOX inside the Administration Building by February 3, 2022 by 5 pm or deliver to the Agency District Council Nomination Meeting on February 3, 2022 at 6 pm at the Agency Longhouse.

Nomination form must be readable and legible.



