



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 29th 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.



