



QARJUIT YOUTH COUNCIL

## NOMINATION APPLICATION FORM

I HEREBY DECLARE MY INTENTION TO RUN FOR THE POSITION OF HUDSON BOARD OF DIRECTOR FOR QARJUIT YOUTH COUNCIL. I SUBMIT THIS FORM WITH TEN (10) NOMINATORS BETWEEN THE AGES OF FIFTEEN AND THIRTY-FIVE (15-35) AS A CONFIRMATION OF MY DECLARATION. THE TERM OF MY MANDATE WILL BE 3 YEARS (2024 TO 2027).

FULL NAME:

SIGNATURE:

DATE OF SIGNATURE:

HOME COMMUNITY:

Deadline for submitting this nomination form is August 15<sup>th</sup> 2024.

Please send your nomination form to the attention of the Chief Returning Officer by email at [election@qarjuit.ca](mailto:election@qarjuit.ca) or by fax at 1-819-964-0371.

Find 10 people in your community to support your nomination by signing their name below.

	NAME (PRINT)	SIGNATURE	Date of Birth
1.			
2.			
3.			

4.			
5.			
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7.			
8.			
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10.			

**QYC'S SECTION**

I, \_\_\_\_\_, CHIEF RETURNING OFFICER FOR QARJUIT YOUTH COUNCIL, HAVE SIGNED THIS FORM TO CONFIRM THAT THIS NOMINATION FORM IS VALID FOR THE ELECTION OF THE HUDSON BOARD OF DIRECTORS SCHEDULED ON SEPTEMBER 4<sup>TH</sup> 2024.

\_\_\_\_\_  
Date

\_\_\_\_\_  
CRO's signature

# NOMINATION APPLICATION FORM

I HEREBY DECLARE MY INTENTION TO RUN FOR THE POSITION OF **HUDSON STRAIT BOARD OF DIRECTOR (1 seat)** FOR QARJUIT YOUTH COUNCIL. I SUBMIT THIS FORM WITH TEN (10) NOMINATORS BETWEEN THE AGES OF FIFTEEN AND THIRTY-FIVE (15-35) AS A CONFIRMATION OF MY DECLARATION. THE TERM OF MY MANDATE WILL BE 3 YEARS (2024 TO 2027).

FULL NAME:

SIGNATURE:

DATE OF SIGNATURE:

HOME COMMUNITY:

Deadline for submitting this nomination form is August 15<sup>th</sup> 2024.

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**QYC'S SECTION**

I, \_\_\_\_\_, CHIEF RETURNING OFFICER FOR QARJUIT YOUTH COUNCIL, HAVE SIGNED THIS FORM TO CONFIRM THAT THIS NOMINATION FORM IS VALID FOR THE ELECTION OF THE  
**HUDSON STRAIT BOARD OF DIRECTORS SCHEDULED ON SEPTEMBER 4<sup>TH</sup> 2024.**

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

\_\_\_\_\_  
**CRO's signature**