

APPLICATION FOR MAIL IN BALLOT
SECTION 20

Last Name First Name

Gender
M F

Date of Birth
Day Mo. Yr.

Band Council Registration Number

Street Address of Ordinary Residence

Street No. Street Name

Building Name Apt. No.

City/Town/Community Prov. Country Postal Code

Mailing Address of Ordinary Residence

Street No. Street Name

PO Box No. Site No. Rural Route No.

Building Name Apt. No.

City/Town/Community/ Prov. Country Postal Code

Contact Information

Home No. Work No.

Cell No. Email

Complete below only if the mail in ballot delivery address differs from the mailing address listed above

Street No. Street Address PO Box No. Site No. RR No.

Building Name Apt. No. City/Town/Community Prov. Country Postal Code

Contact Information

Home No. Work No.

Cell No. Email

DECLARATION

I, THE UNDERSIGNED DECLARE THAT (PLEASE MARK "YES")

_____ I will be at least 18 years of age on polling day
_____ I am registered on the Band Council Membership List
_____ My ordinary residence for voting purposes is as stated in the address above

Signature of Elector

Date

Please attach a copy of your band card or official letter from Aboriginal Affairs and Northern Development Canada indicating your membership to the Band.

THE DEADLINE FOR APPLICATIONS IS OCTOBER 9, 2015

Please return application to the office of the Electoral Officer

9 Main Street, Suite 303, Corner Brook, NL A2H 1C2 Fax: 709-634-6512; E-mail: election@qalipu.ca