

NOMINATORS

PAGE	
OF	

Attach as many pages as necessary to collect at least 75 nominations from voters for the electoral district

	NAME OF CANDIDATE NOMINEE		ELECTORAL DISTRICT			
	, the undersigned, nominate the person named above as a candidate for election as a Member of the Legislative Assembly. I declare that I am a qualified voter for the above electoral district and have not nominated another ndividual for the same election.				I request that my address be	
	A qualified voter is a person who will be 18 or older on General Voting Day, a Canadian citizen and a resident of B.C. for the past six months.					
WARNING: Signing a false statement is a serious offence and is subject to significant penalties.						
This form is available for public inspection. If requested, addresses may be obscured, but names and signatures remain publicly available.						
	FULL NAME (PLEASE PRINT)	BLDG. # / STF	TIAL ADDRESS (PLE REET / CITY OR TOWN MAILING ADDRESS	EASE PRINT)	SIGNATURE	
		J.				
		7.7				