OFFICIAL NOMINATION FORM

I,	, hereby nominate	
as a candidate for the following	ribal Council seat:	<u>-</u>
(specify seat). I swear that I am	in enrolled member of the San Juan Southern Paiute Tribe and t	hat I am
eighteen (18) years or older.		
Signature	Date	
I accept the above nomination, a	d I submit my name as a candidate for the above Tribal Counci	l seat. I
swear that I meet all of the qualif	eations for this Tribal Council seat.	
Printed Full Name:		
	Date:	