



CHITIMACHA

TRIBE OF LOUISIANA

CHITIMACHA ELECTION BOARD

CANDIDATE REGISTRATION FORM BOARD OF EDUCATION CANDIDATES

PLEASE PRINT

Date of Registration: _____

Office Being Sought: _____

Full Name: _____

Last

First

M.I.

Current Mailing Address:

Street Address

Apartment/ Unit #

City

State

ZIP Code

Current Physical Address:

Street Address

Apartment/ Unit #

City

State

ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

By signing this form, I certify that all of the above information provided by me in order to apply and register for Tribal Election Candidacy in the Chitimacha Tribe of Louisiana, Chitimacha Tribal Elections is true, complete, and correct. I understand that the Chitimacha Tribal Election Board will obtain the necessary proof and documentation to verify this information. I also understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause for the Election Board to deny or revoke my certification as a candidate.

CANDIDATE'S SIGNATURE: _____

For Election Board Use Only
Do Not Write Below

VERIFICATION

Registered Voter: Yes No Age: _____ Registration Fee: \$25.00 _____

Tribal Member: Yes No

ELECTION BOARD CHAIRPERSON

ELECTION BOARD SECRETARY

ELECTION BOARD MEMBER

ELECTION BOARD MEMBER