



Nomination Form – 2025 General Election

For: Regional Director

I, the undersigned nominate _____
(please print)

for Director of OCIP Region _____.

Nominated By:

These positions must be nominated by one (1) OCIP member from the same Region.

Nominator	
Print Full Name	OCIP Membership Number
Signature	Region



Acceptance of Nomination

I, _____ (full legal name), of the

Ontario Coalition of Indigenous Peoples, Membership Number _____,

hereby declare that I am an eligible candidate and I accept the nomination for the

position of _____.

Mailing Address

Phone Number

Signature

Date

Verified and confirmed by the Chief Electoral Officer of OCIP:

Name of Chief Electoral Officer

Signature

Date