ONEIDA ELECTION BOARD ALTERNATE APPLICATION FORM

Date: _____

Legal Name:_____ Roll #_____
(Print) First M.I. Last

Mailing Address:_____
Street City State ZIP Code

Home/Work Phone:_____ Cell Phone:_____ E-mail:_____

1. Explain your experience with Elections:

_____

_____

_____

2. Are you interested in serving as a General Tribal Council official (work at GTC meetings)? ☐ No ☐ Yes

My signature below acknowledges that all information provided in this application is true and correct to the best of my knowledge, and that I have read and agree with the following statements if selected as an alternate:

a) I agree to disclose any future conflict in writing to the Election Board immediately and that I may be removed for failure to disclose any conflict.

b) I agree to abide by the confidentiality policies of the Oneida Tribe of Indians of Wisconsin and may be removed for failure to abide by this statement.

_____
Signature Date

Submit your completed application to the Tribal Secretary's Office at the Norbert Hill Center.

Official Use of Election Board Only:

Accept / Deny Date of Election Board Action:_____ Chair/Designee Initials:_____

Approved 02.16.16