HO-CHUNK NATION
Official Nomination Petition

OFFICE TITLE:	
DISTRICT: (If applicable)	
SEAT : (If applicable)	

CANDIDATE MUST COMPLETE THE INFORMATION BELOW	
CANDIDATE NAME: (PLEASE PRINT NAME AS IT IS TO APPEAR ON THE BALLOT)	
PHYSICAL ADDRESS:	
CITY, STATE AND ZIP:	
CANDIDATE SIGNATURE:	

By signing or marking this petition, I declare that I am an eligible voter of the Ho-Chunk Nation.

	NAME (PRINT)	SIGNATURE	PHYSICAL ADDRESS	CITY, STATE, ZIP	DISTRICT	ENROLLMENT #	DATE
1							
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RECEIVED BY: _____ **DATE:** ____ /____ /_____
ELECTION BOARD MEMBER/OFFICE ADMINISTRATOR