



Attachment "C"

Pride of the Ojibwe

13394 W Trepania Road . Hayward . Wisconsin . 54843
Phone 715-634-8934 . Fax 715-634-4797

ACCEPTANCE FORM

I, _____, hereby
(printed name)

____ **ACCEPT**

____ **DECLINE**

my nomination to be a candidate for the June 20____ Tribal Election. I also certify that I will be twenty-one (21) years of age or older on or before the date of election.

My date of birth is: _____.

My home address is: _____.
Street City/State Zip Code

I further certify I am an enrolled Tribal Member of the Lac Courte Oreilles Band of Lake Superior Chippewa Indians.

SIGNATURE

DATE

WITNESS

DATE