

Dear Tribal Members,

As we all know Tribal Elections are happening in October for the following positions: Chairman (to complete 2022) Vice Chairman, Treasurer, Council Member 1, and Council Member 2. Any Tribal members interested in running for any of the positions listed above please mail a copy of your high school diploma or G.E.D., the candidacy petition (with at least 18 eligible voters' signatures), a candidacy statement (must not exceed 300 words), filled out background authorization form and if desired a professional profile photo to

**P.O. Box 1467 Forks, WA 98331**

**Deadline: September 8, 2022**

**\* Please note if any candidacy applications are received and postmarked after September 8, 2022 they will not qualify for review.** All forms (Candidacy petition and background forms are included).

- Just a quick reminder to Tribal Members of the qualifications and eligibility to hold a position.
  - Must be the age 18 or older
  - Graduated High School or received a G.E.D.
  - NO more than one member per household may run for office
  - Tribal members employed or seeking employment with the Tribe are still eligible to run for office.
  - Clean 10-year criminal record.
    - \* Crimes include but not limited to criminal probation or parole involving drugs, domestic violence, abuse or neglect of a minor or elder, murder or manslaughter.

Please remember to keep addresses up to date for future notices and/or information regarding upcoming tribal events, newsletter, etc.

This is the beginning of the 2022 Election Season. All further correspondence will be from the Election Committee which are Melvinjohn Ashue, Nick Nelson, Bernadette Guzman, and Alvira Ward. For more information or questions regarding upcoming elections please contact the election committee at [election.committee@hohtribe-nsn.org](mailto:election.committee@hohtribe-nsn.org).

Best of Luck.

## Declaration and Affidavit of Candidacy

I hereby declare I am an Enrolled Member of the Hoh Indian Nation. Over the age of 18, eligible to vote and hold office in the Hoh Indian Nation

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Enrollment Number \_\_\_\_\_

Position or Office (Choose one of the following positions):

Chairperson (to complete 2022)  Vice Chairperson  Treasurer

Council Member #1  Council Member #2

*I swear under penalty of law that the information provided on this form is true and I swear and affirm that I will support the Constitution and Laws of the Hoh Indian Nation.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**I do so solemnly swear under penalty of law that I am an enrolled member of the Hoh Indian Nation eligible to cote in this election and by my signature I endorse the candidate names above for the office listed therein. I understand that he or she who falsely signs this affidavit shall be subject to federal prosecution.**

DO NOT SIGN UNLESS THE TOP PORTION OF THIS AFFIDAVIT IS COMPLETED

1. \_\_\_\_\_  
Print Name Signature

2. \_\_\_\_\_  
Print Name Signature

3. \_\_\_\_\_  
Print Name Signature

4. \_\_\_\_\_  
Print Name Signature

*This completed form and a candidacy statement and photo  
must be received by the close of business on September 8, 2022-  
Mailing address: Election Committee P.O. Box 1467 Forks WA, 98331*

5.	_____	_____
	Print Name	Signature
6.	_____	_____
	Print Name	Signature
7.	_____	_____
	Print Name	Signature
8.	_____	_____
	Print Name	Signature
9.	_____	_____
	Print Name	Signature
10.	_____	_____
	Print Name	Signature
11.	_____	_____
	Print Name	Signature
12.	_____	_____
	Print Name	Signature
13.	_____	_____
	Print Name	Signature
14.	_____	_____
	Print Name	Signature
15.	_____	_____
	Print Name	Signature
16.	_____	_____
	Print Name	Signature
17.	_____	_____
	Print Name	Signature
18.	_____	_____
	Print Name	Signature

*This completed form and a candidacy statement and photo  
must be received by the close of business on September 8, 2022-  
Mailing address: Election Committee P.O. Box 1467 Forks WA, 98331*



## HOH INDIAN TRIBE

P.O. BOX 2196 • FORKS WASHINGTON 98331  
TELEPHONE (360) 374-6582 • FAX (360) 374-5426

# BACKGROUND CHECK AUTHORIZATION

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me to furnish bearer with any and all information in their possession regarding me. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

Date \_\_\_\_\_

Print Applicant's Name \_\_\_\_\_

Print Applicant's Signature \_\_\_\_\_

For Identification Purposes Only:

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Education: Supply Name of College/University, Address, State, Zip, Dates of Attendance, Degree**

Undergraduate #1 \_\_\_\_\_

Undergraduate #2 \_\_\_\_\_

Graduate #1 \_\_\_\_\_

Graduate #2 \_\_\_\_\_