



Pride of the Ojibwe

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Attachment "H"

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

My phone number is: _____.

My email is: _____.

I further certify I am an enrolled Tribal Member of the Lac Courte Oreilles Band of Lake
Superior Chippewa Indians and I'm not in the process of relinquishing my rights.

SIGNATURE

DATE

WITNESS

DATE