



CHAMPAGNE AND AISHIHIK FIRST NATIONS

APPLICATION TO VOTE BY MAIL

Name: _____

Address: _____

Date of birth _____

Address the Mail-In Package should be mailed to if different than above:

Signature: _____

Date: _____

It is your responsibility to ensure your ballots are received prior to Polling Day — October 28, 2019.

Please return this form to: Norman Eady
Chief Returning Officer for the 2019 CAFN By-Election
PO Box 5399
Haines Junction, Yukon
Y0B 1L0

Or you can email the form to: CAFNbyelection2019@gmail.com
Cell: 867-332-7444