

NOMINATION PAPER – Regional Health Authority Election
(Municipal Elections Act, SNB, 1979, c. M-21.01, s. 17)

PART A: To Be Completed By Candidate or Witness:

The persons named below, being entitled to vote at a Regional Health Authority election in Health Region No. _____, Subregion No. _____, under the *Regional Health Authorities Act*, nominate:

Candidate’s Name as it Will Appear on Ballot			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Occupation	
First Name	Second Name or Initial	Surname			
Civic Address			Region 1 Only (Kent, Albert and Westmorland Counties)		Incumbent?
Postal Code		Telephone:	<input type="checkbox"/> Southeast		Yes <input type="checkbox"/>
			<input type="checkbox"/> Beauséjour		No <input type="checkbox"/>
Mailing Address (if different from civic address above):					

as a candidate for the Regional Health Authority board of directors for Subregion No. _____, in Health Region No. _____, in the pending Regional Health Authority election to be held on the _____ day of _____, 20 __.

PART B: To Be Completed By Nominators in Presence of A Witness (see Part D):

Candidate: _____ Region No. _____ Subregion No. _____

IMPORTANT: 10 nominators are required; more are allowed. Nominators must be qualified to vote in the election in the subregion where the candidate is running. The witness may not be a nominator.

No.	Name of Nominator <i>(please print clearly)</i>	Signature of Nominator	Civic Address of Nominator <i>(please print clearly)</i>
1			
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12			

<p>PART C: To Be Completed By Candidate in Presence of Witness:</p> <p>CONSENT OF CANDIDATE TO BE NOMINATED:</p> <p>I, _____, consent to the above nomination, and confirm that the address for service of any legal documents upon me under the <i>Regional Health Authorities Act</i> and the <i>Municipal Elections Act</i> is as stated above. I certify that I am a Canadian citizen; that I will be eighteen years of age or more as of the day of the election; that I am now ordinarily resident in subregion no. _____ of health region no. _____ and expect to be ordinarily resident in the region and subregion on election day; that I am not an employee of the Department of Health and Wellness, or of any Regional Health Authority, and I do not have privileges with any Health Authority, and that, if elected, I will carry out my duties as a member of the board of directors of the Regional Health Authority in accordance with the law.</p> <p>Witness my hand at _____ in the County of _____ and Province of New Brunswick, this _____ day of _____, 20____.</p> <p>In the presence of:</p> <p>_____ Witness</p> <p>_____ Candidate</p>	<p>PART D: To Be Completed by Witness of Nomination Signatures and Consent of Candidate:</p> <p>PROVINCE OF NEW BRUNSWICK</p> <p>I, _____, of _____ (Community) in the County of _____, certify that I am entitled to vote in the Regional Health Authority election for health region no. _____, subregion no. _____; that I saw each of the above named persons sign their names as nominators of the named candidate; that to the best of my knowledge each of the nominators is qualified to vote in this region and subregion; and that the signature of the candidate on the consent to be nominated was signed by him or her in my presence.</p> <p>Made at _____ in the County of _____ and Province of New Brunswick, this _____ day of _____, 20____.</p> <p>_____ Witness (The witness may not nominate the candidate.)</p>
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