



Little Traverse Bay Bands of Odawa Indians  
**ELECTION BOARD**  
P.O. Box 160, Conway, MI 49722

**NOMINATION APPLICATION FORM**

(This Form Must Be Included with the Nomination Petition Packet)

**“PLEASE PRINT CLEARLY”**

\_\_\_\_\_  
**Tribal ID Number**

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

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Middle Name**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Suffix (Sr., Jr., etc.)**

\_\_\_\_\_  
**Petitioner's Name As It Should Appear On The Ballot**

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Mailing Address (If Different From Home Address)**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State Zip Code**

\_\_\_\_\_  
**Other Names (Previous Names, Maiden Names, etc.)**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work/Other Phone**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Signature Of Candidate**

\_\_\_\_\_  
**Date**