Attachment "C"



Pride of the Ojibwe

13394 W Trepania Road . Hayward . Wisconsin . 54843 Phone 715-634-8934 . Fax 715-634-4797

ACCEPTANCE FORM

I,(print	ted name)	, hereby		
ACCEPT				
DECLINE				
my nomination to be	a candidate for the	e June 20 Tribal I	Election. I also	certify that I will be
twenty-one (21) year	rs of age or older or	n or before the date of e	election.	
My date of birth is:				
My hone address is:				
	Street	City/State	:	Zip Code
I further certify I am Chippewa Indians.	an enrolled Tribal	Member of the Lac Cou	urte Oreilles Ba	nd of Lake Superior
SIGNATURE			DATE	
WITNESS			DATE	