

TE-MOAK TRIBE OF WESTERN SHOSHONE

RESOLUTION OF THE GOVERNING BODY OF THE TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA

Resolution No. 14-TM- 25

BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA, THAT

WHEREAS, this organization is a recognized Indian organization as defined under the Indian Reorganization Act of 1934, as amended, and exercises rights of home rule and is responsible for the promotion of the economic, health and welfare of its members; and

WHEREAS, it is the intentions of the Te-Moak Tribal Council to simplify the form that is understood by all individuals and tribal departments/Band Election Committee.

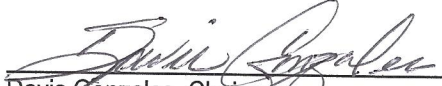
NOW, THEREFORE BE IT RESOLVED, the Te-Moak Tribal Council hereby approves the revised Voter's Registration Form to be used from this date forward.

C-E-R-T-I-F-I-C-A-T-I-O-N


I, the undersigned, as Chairman of the Te-Moak Tribal Council, do hereby certify that the Tribal Council is composed of nine (9) members of whom 6 were present at the meeting which constituted a quorum held **August 25, 2014** and that the foregoing resolution was adopted at such a meeting by a vote of 4 FOR; 1 AGAINST; 0 ABSTENTION pursuant to the authority at Article 4, Section 3 of the Constitution of the Te-Moak Tribe of Western Shoshone Indians of Nevada.

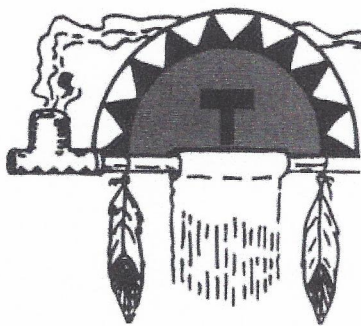
INVALID IF NO SEAL APPEARS BELOW:




Davis Gonzales, Chairman
Te-Moak Tribe of Western Shoshone

ATTEST:


Phaline A. Conklin, Recording Secretary
Te-Moak Tribal Council



TE-MOAK TRIBE OF WESTERN SHOSHONE

VOTER'S REGISTRATION FORM FOR BAND/TRIBAL ELECTIONS

1. I, _____, hereby certify that I am an enrolled member of the Te-Moak Tribe of Western Shoshone Indians of Nevada, Enrollment No. TM-_____.

My Date of Birth is _____, and I am or will be eighteen (18) years of age or older by the date of the next Band/Tribal Election.

I am eligible for registration with the _____ Band, and request that I be registered as a Voter of said Band. I understand that if I wish to change my registration and register with another Band, I must cancel my registration with the Band and register with said other Band in order to do so. *(Dual Registration shall constitute an automatic cancellation in all areas.)*

I am providing the Physical Residence location and Mailing Address as the address where an Election Notice, Absentee Ballot or other communication should be directed, unless a different address is provided by me to the Band Registrar in writing: *(PLEASE PRINT)*

Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____

DATE

SIGNATURE

Subscribed and sworn before me on this _____ day of _____, _____.

(Inked Stamped Seal)

NOTARY PUBLIC SIGNATURE

2. FOR USE OF ENROLLMENT OFFICE

I hereby certify that the above-named individual is a duly enrolled member of the _____ Band of the Te-Moak Tribe of Western Shoshone Indians of Nevada.

Te-Moak Enrollment Officer

Date

3. FOR USE OF REGISTRAR/BAND ELECTION COMMITTEE ONLY

RECEIVED - BAND OR REGISTRAR

Date: _____
Time: _____
Initial: _____

REGISTRATION INFORMATION

Approved: _____
Cancelled: _____
Re-Registration: _____
Denied: _____