



SLAS Board of Directors Candidate Affidavit

This instrument hereby acknowledges that the undersigned

residing at: _____

is of legal age, and does hereby affirm that the following is true and accurate, to the best of his/her knowledge, under penalty of perjury:

- I declare that I am a member in good standing and am able to serve as a member of the SLAS Board of Directors if elected,
- I am eligible to serve and available under my existing employee relationship, and
- I understand the duties and responsibilities of an SLAS Board member and would perform these to the best of my abilities.

Signature Date

Print Name

Company

Title

Telephone Email

State Country