

**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 and Designation(s) (BSc, MBA, PhD etc.)

\_\_\_\_\_  
Company/Institution

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Email

\_\_\_\_\_  
State/Province (if applicable) Country