

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

SLAS GLOBAL HEADQUARTERS

1301 West 22nd Street, Suite 708
Oak Brook, IL USA 60523
P: +1.630.256.7527
US Toll Free: +1.877.990.SLAS (7527)
slas@slas.org
www.SLAS.org

SLAS EUROPE OFFICE

Boulevard du Souverain, 280
B-1160 Brussels, Belgium
Tel: +32 2 7393026
europe@slas.org
www.Europe-SLAS.org