

DIRECTORS AFFIDAVIT

STATE OF NEW MEXICO)
)
COUNTY OF _____) SS:

_____, ON THE _____ DAY OF _____ 2017

AFTER BEING FIRST DULY SWORN ON OATH STATES THAT HE/SHE HAS BEEN ELECTED/APPOINTED TO THE BOARD OF DIRECTORS OF THE NEW MEXICO STATE TRAPSHOOTING ASSOCIATION INCORPORATED AND THAT HE/SHE CONSENTS TO BEING A MEMBER OF THE BOARD OF DIRECTORS OF THAT CORPORATION.

_____ FURTHER STATES THAT THIS AFFIDAVIT IS GIVEN TO COMPLY WITH THE PROVISIONS OF THE NONPROFIT CORPORATION ACT OF NEW MEXICO, AND SPECIFICALLY NMSA 1991, SECTION 53-8-18-1.

DIRECTOR

DIRECTOR INFORMATION

NAME _____
MAILING ADDRESS _____
PHYSICAL ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE: HOME _____ BUSINESS _____
FAX _____ E-MAIL ADDRESS _____

BASED UPON NMSTA ARTICLES AND PRC REGULATIONS THIS AFFIDAVIT MUST BE COMPLETED PRIOR TO ANY ENSUING VOTE REGARDING NMSTA BUSINESS.

SUBSCRIBED, SWORN TO, AND ACKNOWLEDGED BEFORE ME ON THIS _____
DAY OF _____, 2017, BY _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

THIS FORM IS RETAINED BY THE SECRETARY/TREASURER, AND SUBMITTED TO THE PRC ONLY WHEN A LEGAL REQUEST FOR INFORMATION REGARDING THE BOARD OF DIRECTORS HAS BEEN RECEIVED FROM THE PRC.(6/04)