

DIRECTORS AFFIDAVIT

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

_____, ON THE _____ DAY OF _____ 2020
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 _____, 2020, BY _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:
