

STATE OF NORTH CAROLINA

COUNTY OF CHATHAM

I, _____ (the individual attesting below), being duly authorized by and on behalf of
_____ (the agency) affirms as follows:

1. _____ (the agency) does not pay board members to serve on the board or to
deliver services for the agency.

This ____ day of _____, 20____.

Signature of Affiant
Print or Type Name: _____

State of North Carolina County of _____

Signed and sworn to (or affirmed) before me, this the ____
day of _____, 20____.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)