

T E X A S



Texas Master Naturalist Program

_____ Chapter Conflict of Interest Policy

Board Attestation

By my signature below, I attest that I have received a copy, read, understand, agree to, and will abide by the Conflict of Interest Policy adopted by the _____ Chapter Board of Directors on _____. I understand the _____ Chapter is charitable and in order to maintain its federal tax exemption, must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Board Member Name (print)

Signature

Date

Please print, sign, and date and return to the Board Secretary.