

T E X A S

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# 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, contained in the Chapter Bylaws, 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 (print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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