

# OATH OF PUBLIC OFFICE

STATE OF MICHIGAN

County of \_\_\_\_\_

\_\_\_\_\_ *Date*

*I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of this State, and that I will faithfully discharge my duties as a member of the \_\_\_\_\_ Board of Directors according to the best of my ability.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (Printed)*

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\*

\_\_\_\_\_  
*Signature*

\*

\_\_\_\_\_  
*Title*

\*

\_\_\_\_\_  
*Name (Printed)*

Subscribed and sworn to by \_\_\_\_\_

Name of Notary \_\_\_\_\_

before me on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public, State of Michigan, County of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

Acting in the County of \_\_\_\_\_

\*Information requested if Oath of Office is taken before someone other than notary public