

Board of Director's Attestation

All Board of Directors must agree and attest that he/she understands and agrees to mandatory participation at Board and Committee meetings; including the expectation that the board member has the responsibility of contacting the President if he/she is unable to participate at a scheduled meeting. We have included a copy of the Board of Director handbook; by signing the attestation, you are also validating that you have read and are familiar with your responsibilities, any/all association requisites and your commitment to our constituents.

Please review and sign the following document and return to current President at ahrmny@gmail.com

BOARD OF DIRECTOR'S ATTESTATION

As Director of **The Association for Healthcare Risk Management of New York, Inc. (AHRMNY)**, located at **PO Box 4200, Grand Central Station, New York City**, I attest that I understand and agree to the aforementioned mandatory meeting participation and notification process if unable to attend a scheduled meeting.

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Board of Director Date