

ATTESTATION

All information submitted by me on my application dated _____ is true and complete to my best knowledge and belief I also attest that I possess the ability to perform the essential functions of the position with or without accommodation.

I acknowledge that lack of completeness and accuracy of information on this application constitutes cause for denial of my application for membership or participation.

A Photostat copy of this original statement constitutes my written authorization and request to release any and all documents relevant to this application. Said Photostat copy shall have all the same force and effect as the signed original.

Signature _____
(Signature stamps not accepted)

Name _____
(Print)

Date _____