



Oath of Office for Member of the Board of Directors

**I, _____, of _____, swear (or solemnly affirm)
that I am, to the best of my knowledge and belief, qualified for the
office of member of the Board of Directors of Regional Health
Authority B (Horizon Health Network), and that I do hereby
accept the office of member of the board, and will diligently,
faithfully and impartially discharge to the best of my ability the
duties of the office as may be imposed upon me by law.**

**SWORN TO (or solemnly affirmed)
before me at _____
In the County of _____ and
Province of New Brunswick, on _____**

Commissioner of Oaths

(Board member's name and signature)