

The Council of the Magickal Arts, Inc.
Fiduciary Officer Letter of Commitment

I, _____, being a duly elected (Executive Director, Director of Finance, Director of Records) of the Council of the Magickal Arts, Inc. for the period starting January 1, 200 , through December 31, 200 , do hereby give my sacred word that:

1. I will operate according to the duly ratified bylaws of the Corporation to the best of my ability.
2. I will serve the Membership of the Corporation in every way possible.
3. I will protect the assets of the Corporation to the best of my ability.
4. I will act as a Fiduciary Officer of the Corporation, per the Texas Non-Profit Incorporation Act and the bylaws as amended and restated as of October 17, 2004. As such, I am bondable with the State of Texas, under State Law.
5. I will protect and maintain the privacy of every member in all ways possible. This can include names, addresses, phone numbers, and any other contact information regarding any member.
6. I understand that any information provided or discussed on any of the following CMA-owned email lists is confidential, and shall not be share with anyone who is not currently serving as a Director, Officer or duly-appointed Staff: CMA Staff, CMA Board, CMA Senior Staff and any other CMA sanctioned e-list. This includes forwarding email, whether in whole or in part, allowing others to read any and all email on said lists, and discussing that information outside the confines of those lists. I understand that all such discourse is the intellectual property of the Corporation in perpetuity, and, as such, cannot be disclosed or distributed elsewhere by myself, even after my term as a Director has expired.
7. I will act with honor, integrity and courtesy to the best of my ability.
8. I will do my best to fulfill all the duties and responsibilities of my position, including, but not limited to:
 - A. Attending all meetings possible.
 - B. Assisting in the planning and production of Festival and other events.
 - C. Submitting reports to the Accord in a timely manner.
9. I will voluntarily step down from my office in the event that, for any reason, I am unable to fulfill my duties and responsibilities.

I also pledge that I will: _____

Printed Name: _____ Nickname: _____

Address: _____

City, State and Zip: _____

Phone Numbers: (Public): _____ (Private): _____

Email Address(es): _____

Signed: _____ Date: _____

Witness: _____ Date: _____

Subscribed and acknowledged before me by _____, this day of _____, _____,

20 _____

Notary Public, State of Texas