

RESOLUTION

**Appointment of a Fund Commissioner to the
Diploma Joint Insurance Fund**

BE IT RESOLVED, by the _____
Board of Education, County of _____, State of New Jersey,
hereby appoints _____
as Fund Commissioner to the Diploma Joint Insurance Fund;
and

BE IT FURTHER RESOLVED that copies of this Resolution be forwarded to the
following:

1. _____
(Fund Commissioner)
2. Diploma Joint Insurance Fund

I hereby certify the foregoing to be a true copy of a
Resolution adopted by the _____
_____ of the
_____ on the _____ day of _____ 20____.

INTRODUCED BY: _____

SECONDED BY: _____

ROLL CALL
APPROVE: _____

OPPOSE: _____