Conflict of Interest Disclosure Form

I acknowledge that I, a Board member, standing committee member or employee of , have reviewed the "Conflicts of Interest Policy” before signing this report.

I hereby disclose information on all associations (all business and charitable organizations), which may involve a possible conflict of interest and will furnish further details upon request. Feel free to attach additional sheets if you need.

☐ I do not have any conflicts of interest at this time

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| Organization | Relationship |
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I also understand that I am required to disclose any other situation from which a possible conflict of interest might arise in the future.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_