

Conflict of Interest Disclosure Form

For Non-Profit Organizations

Name

Position/Title

Email Address

Affiliated Organization (if any)

Please disclose any personal, professional, or financial relationships, affiliations, or interests that may represent a conflict of interest with your service to this organization:

Other Potential Conflicts (if any):

By signing below, I declare to the best of my knowledge that the information provided above is true and complete. I agree to promptly update this disclosure if my circumstances change.

Signature

Date