Conflict of Interest Acknowledgement and Disclosure Statement

I acknowledge that I have received a copy of the conflict of interest policy ("Policy") of the National Association of Parliamentarians ("Association"), and that I have read, understand and agree to comply with the policy. I also understand the association is charitable and in order to maintain its federal tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes. If at any time following submission of this form, I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the association executive director in writing.

Disclosure of Actual or Potential Conflicts of Interest
(attach additional pages if necessary)

_________________________________        __________________________________
Signature                                    Print Name

_________________________________
Date

Capacity in which serving as of the date this form was completed (board member, committee member, staff, etc.)