

**(Organization Name)**

Conflict of Interest Policy Statement

As a member of the (Organization Name) Board of Directors, I state as follows:

I have received, read, understand and agree to comply with the (Organization Name) Conflict of Interest Policy, which will apply to me during my term of office.

To the best of my knowledge, except as noted below, I do not have a conflict of interest (as defined in the Policy) that I have not previously disclosed.

I have listed below any exceptions to the above statement:

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I agree to disclose to the Chairman (or President) of the (Organization Name) Board of Directors any conflict of interest that hereafter arises of which I am aware.

\_\_\_\_\_ Date  
\_\_\_\_\_ Signature  
\_\_\_\_\_ Name