

ACTIVE 20-30

CONFLICT OF INTEREST DISCLOSURE

NAME:

EMPLOYER:

EMPLOYER ADDRESS:

HOME ADDRESS [IF NEEDED]:

OFFICE PHONE:

CELL PHONE:

EMAIL ADDRESS:

POSITIONS WITH ACTIVE 20-30:

- Officer; Title: _____
- Board Member
- Other:

BEFORE COMPLETING THIS FORM:

This form should be completed only after careful reading of the ACTIVE 20-30 Conflict of Interest Policy. Your response should cover the period beginning on the day you become associated with ACTIVE 20-30 (if subsequent to this date) through your term as an ACTIVE 20-30 Leader.

Affirmation:

I have read ACTIVE 20-30's Conflict of Interest Policy (revised February 2023). I understand its provisions and I hereby affirm that during the period indicated above, I have not, to the best of my knowledge and belief, any actual, potential, or apparent conflicts of interest, other than those described on the attached pages (___ pages are attached).

Signed: _____

Print Name: _____

Date: _____