



## CONFLICT OF INTEREST DISCLOSURE FORM

Please describe below any relationships, positions or circumstances in which you are involved that you believe could contribute to a Conflict of Interest as defined in Assistance League® of the Triangle Area's Conflict of Interest Policy. This form shall be updated whenever a member's relationships, positions or circumstances change that creates or dissolves a conflict of interest.

*For example: business owner, provider of services, membership in other organizations*

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I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Conflict of Interest Policy of Assistance League of the Triangle Area that is in effect on the date set forth below and as subsequently amended pursuant to the policies of Assistance League of the Triangle Area.

Name (*please print*): \_\_\_\_\_

Signature: \_\_\_\_\_

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