

SHAPE America

**Conflict of Interest
Disclosure Form**

This form must be filed annually with the SHAPE America Secretary-Treasurer by all specified parties, as identified in the SHAPE America Conflict of Interest Policy Statement.

_____ I have no conflict of interest to report.

_____ I have the following conflict of interest to report (please specify):

_____ I have the following board membership(s) to report (please list all other board positions):

The undersigned, by his or her affixed signature, confirms that he or she understands the implications of this policy and that a full disclosure has been made as of this date.

Signature

Printed Name

Date