**Avon Grove Instrumental Musical Boosters Association (AGIMBA)**

**Executive Board, Officer and Committee Member**

**Annual Conflict of Interest Statement**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Position:

* 1. I am a voting AGIMBA Executive Board Member. Yes No
	2. I am an Officer of the AGIMBA. Yes No
		1. If you are an Officer, which Officer position do you hold: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. I am a member of an AGIMBA Committee. Yes No
	4. I am an AGIMBA Committee Chair. Yes No

3. I affirm the following:

* 1. I have received a copy of the AGIMBA Conflict of Interest Policy. \_\_\_\_\_\_ (initial)
	2. I have read and understand the policy. \_\_\_\_\_\_ (initial)
	3. I agree to comply with the policy. \_\_\_\_\_\_ (initial)
	4. I understand that AGIMBA is non-profit and in order to maintain its
	federal tax exemption it must engage primarily in activities which
	accomplish one or more of tax-exempt purposes. \_\_\_\_\_\_ (initial)

4. Disclosures:

* 1. Do you have a financial interest (current or potential), including a
	compensation arrangement, as defined in the Conflict of Interest
	policy with AGIMBA? Yes No
		1. If yes, please describe it:
		 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. If yes, has the financial interest been disclosed, as provided in
		the Conflict of Interest policy? Yes No
		3. In the past, have you had a financial interest, including a
		compensation arrangement, as defined in the Conflict of Interest
		policy with AGIMBA? Yes No
			1. If yes, please describe it, including when (approximately): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. If yes, has the financial interest been disclosed, as provided
			in the Conflict of Interest policy? Yes No

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