

ANNUAL CONFLICT OF INTEREST FORM

The undersigned, as _____
(director, Officer position, committee chair, committee member, or member) of
The Women's Civic Club of Panama City Beach, FL, Inc. acknowledges:

1. She has received a copy of the Organization's Conflict of Interest Policy;
2. She has read and understands the Policy;
3. She has agreed to comply with the Policy;
4. She understands the Organization's maintenance of its charitable activities and federal tax exemption depends on its undertaking primarily of activities that support its charitable purpose; and
5. The following on-going relationships and interests may present a conflict of interest (please describe – if not applicable write "N/A"):

Signature: _____

Name: _____

Title: _____

Date: _____