1) Name: ___________________________________________  Date: __________________________

2) Position (check all that apply)
   ☐ Member of Council  ☐ Member of Council Executive  ☐ Member of Academy Board
   ☐ Member of SIRG Executive (name SIRG: _____________________________)
   ☐ Member of Committee (name Committee: ________________________________)
   ☐ Journal Editor

   If you are an Officer, which Officer position do you hold: ________________________________

3) I affirm the following:
   I have received a copy of the IASSIDD Conflict of Interest Policy. ________ (initial)
   I have read and understand the policy. ________ (initial)
   I agree to comply with the policy. ________ (initial)

   I understand that IASSIDD is a charitable organization and in order to maintain its US federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. ________ (initial)

4) Disclosures:
   a) Do you have a financial interest (current or potential), including a compensation arrangement with IASSIDD, as defined in the Conflict of Interest policy?  ☐ Yes  ☐ No
      i. If yes, please describe it: __________________________________________________________
      ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?  ☐ Yes  ☐ No
   b) In the past, have you had a financial interest, including a compensation arrangement with IASSIDD, as defined in the Conflict of Interest policy?  ☐ Yes  ☐ No
      i. If yes, please describe it, including when (approximately): (use back of form if needed)
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
      ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy?  ☐ Yes  ☐ No

Date: __________________________ Signature: __________________________

For Office Use
Date received at Secretariat: __________________________
Date of Review by Council Executive: __________________________