

¹SWNI ACKNOWLEDGMENT OF CONFLICTS OF INTEREST FORM

Each SWNI Officer, Director, Committee Chair and Employee must complete and sign a new copy of this Form annually, between June 1 and June 30 of each year, and submit the completed Form to the Executive Director.

Disclosure: Please report below any conflicts of interest, or potential conflicts of interest between SWNI and you, a family member, or a business or corporation with which you are connected within the meaning of the SWNI Conflicts of Interest By Law.

List of Conflicts or Potential Conflicts: Please list and explain any actual or potential conflicts below:

Acknowledgment

I have received, read, understand and will comply with the SWNI Conflicts of Interest and Non Inurement Bylaw, Article X. I affirm that, other than the interests reported above, I am aware of no conflicts of interest that I have or may have within the meaning of the SWNI Conflicts of Interest and Non Inurement Bylaw. If any additional or new actual or potential conflicts arise during the year, I will file an amended form and disclose same in accordance with SWNI's Conflicts By Law.

Signature

Title

Print Name

Date

Address

Email Address

Phone
