

**Board Member Conflict of Interests Annual Disclosure Form
USSA Central Region 1**

Date: _____ Name: _____

A conflict of interest, or an appearance of a conflict, can arise whenever a transaction, or an action, of USSA Central Region 1 conflicts with the personal interests, financial or otherwise, of that of a board member, or an immediate family member of a board member, or that the board member's employer (collectively "your personal interests").

Please describe below any relationships, transactions, or positions you hold (volunteer or otherwise), or circumstances that you believe could create a conflict of interest, now or in the future, between [Name of Nonprofit] and your personal interests, financial or otherwise:

____ I have no conflict of interests to report.

I have the following conflict of interests, or potential conflicts of interests, to report:

1. _____
2. _____
3. _____

I have reviewed USSA Central Region 1's conflict of interests of policy and I understand that it is my obligation to disclose a conflict of interests, or appearance of a conflict, to the the board when a conflict, or appearance of a conflict, arises, and that for transactions in which I have a conflict, I will abstain from any vote on the matter involving the conflict.

Signature: _____ Date: _____