

AMERICAN LEGION AUXILIARY

CONFLICT OF INTEREST DISCLOSURE FORM

(To be completed when applicable by members of the national governing board, national officers, national chairs, members of a national committee with governing board delegated powers, national appointees, and national headquarters staff)

1. Do you or any family members receive compensation from or have a material financial interest in any entity that furnishes goods or services to the American Legion Auxiliary National Headquarters?
(Example: Do you or a family member work for a company that sells a product that you know has been or may be purchased by American Legion Auxiliary National Headquarters or Foundation?)

Yes

No

If you answered "yes," please complete the following:

Company/organization with which you or family members are involved:

Company Name: _____

Company Address: _____

Nature of Business: _____

Type(s) of product(s) or service(s): _____

Your job title or affiliation with this company: _____

What was the value of the product or service provided over the past year? \$_____

2. To the best of your knowledge, are there any other relationships or circumstances that would result in a conflict of interest in your relationship with the American Legion Auxiliary National Headquarters?

Yes

No

If you answered "yes," please explain: _____

Capacity: NEC National Officer National Committee Chairman
 National Committee Member Special Appointment National Staff

I agree that if I become aware of any information that might indicate that this disclosure is inaccurate, I will notify the ALA Executive Director immediately.

Printed Name: _____ Department: _____

Signature: _____ Date: _____

This form must be completed and submitted as appropriate to disclose potential or known conflicts.

Submit to: American Legion Auxiliary National Headquarters, 3450 Founders Road, Indianapolis, IN 46268