AMERICAN LEGION AUXILIARY

CONFLICT OF INTEREST DISCLOSURE FORM

(To be completed when applicable by members of the department governing board, department officers, department chairs, members of a department committee with governing board delegated powers, national appointees, and department 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 Department 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 Department Headquarters*

   ☐ 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 Department Headquarters?

   ☐ Yes ☐ No

   If you answered "**yes**," please explain: _____

   _____

   _____

Capacity: ☐ NEC ☐ Department Officer ☐ Department Executive Committee
☐ Department Committee Member ☐ Special Appointment

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 Department Headquarters, 417 N Main St, Mitchell SD 57301