



**2019 Membership Council Member
Annual Conflict of Interest Disclosure & Confirmation Form**

I, _____ confirm that I have received and reviewed a copy of the ECHO Membership Council Conflict of Interest Policy.

I, _____ have disclosed any and all relationships, positions, funding or circumstances in which the I am involved and believe could contribute to a Conflict of Interest as member of the ECHO Membership Council arising.

Please disclose any qualified conflicts of interest (please refer to policy)

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SIGNATURE

DATE