



Women Lawyers Association of Michigan

Conflict of Interest Disclosure Form

Please initial in the space at the end of Item A or complete Item B, whichever is appropriate. Complete the remainder of the form, sign and date the statement, and return it to the Board Chair.

A. I am not aware of any relationship, interest, or situation involving my family or myself that might result in or give the appearance of being a Conflict of Interest between such family member or me on one hand and WLAM on the other.

Initials: _____

B. The following are relationships, interests, or situations involving me or a member of my family that I consider might result in or appear to be an actual, apparent, or potential conflict of interest between such family members or me on one hand and WLAM on the other. Initials: _____

Corporate (non-profit or for-profit) directorships, positions, and employment:

Memberships in the following organizations:

Contracts, business activities, or investments with or in the following organizations:

Other relationships and activities:

My primary business or occupation at this time:

I have read and understand WLAM's Conflict of Interest Policy and agree to be bound by it. I will promptly inform the WLAM Board Chair of any material change to the information contained in the foregoing statement.

Type/Print Name

Signature

Date