



Annual Statement on Conflicts of Interest

I, _____, a chairperson of a committee with board-delegated powers, member of the executive committee, or director of the Association of Physician's of Pakistani Descent of North America - Alberta Chapter, hereby affirm that I:

- 1) have received a copy of the Society's Conflicts of Interest Policy, or the Society's Bylaws in lieu of;
- 2) have read and understand the Policy or Bylaws in so far as they relate to Conflicts of Interest;
- 3) have complied and agree to continue to comply with the Policy or Bylaws in so far as they relate to Conflicts of Interest;
- 4) understand the Society is charitable in nature and in order to maintain any federal tax-exempt status the Society may have, the Society must engage primarily in activities that accomplish one or more of its tax-exempt purposes; and
- 5) understand and acknowledge that my individual participation in or contribution to any other organization, including any organization that may from time to time contract with the Society, is a separate and distinct relationship and I may not bind or otherwise involve the Society in matters related to outside organizations.

PRINT NAME

SIGNATURE

OFFICE/POSITION HELD

DATE