

**CMHA LAMBTON KENT  
CONFLICT OF INTEREST POLICY  
ACKNOWLEDGMENT AND AGREEMENT FOR  
BOARD OF DIRECTORS AND MEMBERS OF BOARD COMMITTEES**

**NAME** \_\_\_\_\_  
(Please Print)

**POSITION** \_\_\_\_\_

I acknowledge having received, reviewed and understood the terms of the Conflict of Interest Policy at CMHA Lambton Kent. I agree to be bound by the terms of that Policy and by all determinations made in accordance with that Policy and, accordingly, agree to immediately disclose any perceived potential or actual conflict of interest that may arise.

I confirm that, except as detailed below, as of this date I am unaware of any actual or potential conflict as described in the Conflict of Interest Policy.

Description of Conflict:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

BUSINESS ADDRESS

HOME ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE

FAX

EMAIL

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