

# SPINA BIFIDA ADVOCATES OF WASHINGTON STATE

## CONFLICT OF INTEREST STATEMENT

I, the undersigned, acknowledge and confirm that in carrying out my duties as a member, director, officer or employee of the Spina Bifida Advocates of Washington State, a non-profit Organization, I am charged with a responsibility of loyalty and fidelity, and that I have a fiduciary duty to the Organization, without consideration of the interests of any other person or organization and to refrain from taking part in any transaction where I do not believe in good faith that I can act with undivided loyalty to the Organization.

I am responsible for disclosing to the Organization any potential conflict of interest I may have from time to time, including the identification of any material, financial or other beneficial interest held by me or by my immediate family in any Organization of business engaged in the delivery of products or services to the Organization. I shall also disclose any transaction with the Organization that would result in any benefit to me, my immediate family, or any Organization in which I am involved. Within the context of this document, "benefit" or "beneficial interest" will mean "money paid by the Organization for anything other than reimbursement of direct out-of-pocket expenses paid on behalf of the Organization." I will also refrain from participating in the discussion on any matter that would result in such benefit, unless otherwise requested by the group and I will not object to a discussion of the matter outside of my presence. In any event I will refrain from voting on any matter that would result in such benefit. I shall also disclose any opportunity of which I become aware and which may be within the scope of activities of the Organization, and shall refrain from exploiting or encouraging others to exploit such opportunity except upon express approval of the Organization.

I shall not disclose or exploit for any personal advantage, or for the advantage of any other organization in which I have an interest or involvement, any confidential information acquired by me regarding the Organization's business activities or plans.

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Signature

Date

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Printed Name