

**DISCLOSURE FORM
MASTER GARDENER FOUNDATION OF THURSTON COUNTY
CONFLICT OF INTEREST POLICY**

I hereby acknowledge that I:

- Received a copy of the conflict of interest policy.
- Read and understand the policy.
- Agree that I am a covered person as defined in the Conflict of Interest Policy.
- Accept and agree to comply with the conditions outlined in the policy.
- Understand that I am under an obligation to disclose to the board potential conflicts of interest whenever they arise.
- Understand that the Master Gardener Foundation of Thurston County is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

_____ I have no conflict of interest to report.

_____ I have the following potential conflict of interest to report (please list any current, past or planned personal, professional, business or other interests or associations that may be actually or perceived as in conflict with the best interests of the Master Gardener Foundation of Thurston County).

Signature: _____

Date: _____

Printed Name: _____