

**CENTRAL VIRGINIA CHAPTER (27-3)**  
**OF THE**  
**COMBAT VETERANS MOTORCYCLE ASSOCIATION**  
**(Annual Conflict of Interest Policy Statement IAW Article 15 CVMA Bylaws)**

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

- a. Are you a member in Good Standing? Yes No
- b. Are you a voting Member of CVMA Chapter 27-3? Yes No
- c. Are you an elected Officer of CVMA Chapter 27-3? Yes No
- d. If you are an Elected Officer, which position do you hold? \_\_\_\_\_

3. What other organization or other membership affiliation do you represent? \_\_\_\_\_

4. Position: \_\_\_\_\_.

5. I affirm the following:

- a. I have received a copy of the CVMA Conflict of Interest Policy (Article 15). \_\_\_\_\_ (initial)
- b. I have read and understand the CVMA Conflict of Interest Policy (Article 15). \_\_\_\_\_ (initial)
- c. I agree to comply with the CVMA Conflict of Interest Policy (Article 15). \_\_\_\_\_ (initial)
- d. I have reviewed the Board Member Job Description for CVMA 27-3 CEB. \_\_\_\_\_ (initial)(CEB ONLY)
- e. I understand that CVMA National and CVMA Chapter 27-3 is charitable organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes. \_\_\_\_\_ (initial)

6. Disclosures:

- a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with CVMA National and CVMA Chapter 27-3? Yes No
  - i. If yes, please describe it: \_\_\_\_\_
  - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No
  
- b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with CVMA national and CVMA Chapter 27-3? Yes No
  - i. If yes, please describe it, including when (approximately): \_\_\_\_\_
  - ii. If yes, has the financial interest been disclosed, as provided in the Conflict of Interest policy? Yes No

7. Are you an independent organization or member, as defined in the Conflict of Interest policy Section 15.9? Yes No

- a. If you are not independent, why? \_\_\_\_\_

\_\_\_\_\_  
Sign and Print full name \_\_\_\_\_ Date

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Date of review by the Chapter Executive Board: \_\_\_\_\_.

CDR: \_\_\_\_\_ (Initial) XO: \_\_\_\_\_ (Initial) SEC: \_\_\_\_\_ (Initial) SAA: \_\_\_\_\_ (Initial) TRES: \_\_\_\_\_ (Initial)