World Flying Disc Federation  
Director and Officer  
Annual Conflict of Interest Statement

Name: ___________________________________________  Date: ________________________

Position(s):  ____________________________________________

Are you a voting Director?  Yes  No  
Are you an Officer?  Yes  No  If yes, which Officer position do you hold:  ________________

I affirm the following:

I have received a copy of the WFDF Conflict of Interest Policy. ______ (initial)
I have read and understand the policy. ______ (initial)
I agree to comply with the policy. ______ (initial)
I understand that WFDF is charitable 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)

Disclosures:

a. Do you have a financial interest (current or potential), including a compensation arrangement, as 
defined in the Conflict of Interest policy with WFDF?  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 WFDF?  Yes  No
   i. If yes, please describe it, including when (approximately): ______________________________
      ______________________________________________________________________________________
   ii. If yes, has the financial interest been disclosed, per the Conflict of Interest policy?  Yes  No

c. Are you an independent director, as defined in the Conflict of Interest policy?  Yes  No
   a. If you are not independent, why? ______________________________________________________________
      ______________________________________________________________________________________

______________________________                         ____________________________
Signature                            Date

Date of Review by Ethics Commission:  _____________________________