



Important! After filling out this form, you **MUST** save it to your computer, and then send it as an email attachment rmds@rmds.org.

Disclosure:

I have read and carefully and fully understand the attached Code of Ethics and Conflict of Interest Policy of the Rocky Mountain Dressage Society. (RMDS).

I am aware that if, because of any relationships, positions, or circumstances concerning me within the last quarter, I may have or appear to have a potential conflict of interest, I am required to list such relationships, positions, or circumstances on this statement, and to return this Disclosure and Affirmation Statement.

I understand that if I have any question in my mind whether I may have a potential conflict of interest, I should disclose that interest to RMDS. Any questions concerning RMDS's Conflict of Interest Policy shall be referred to the Executive Director or the President of RMDS.

I understand that RMDS is a charitable organization and that in order to maintain its federal tax exemption, the organization must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Affirmation:

I hereby affirm that I have received a copy of the Code of Ethics and Conflict of Interest Policy of the Rocky Mountain Dressage Society, that I have read and understand the Policy, and that I agree to comply with the Policy. I further understand the duty to list all individuals, businesses and/or other entities that create or represent a potential conflict of interest and to update and amend the disclosure statement promptly should any amendment be necessary.

_____ Date _____

NAME (SIGNATURE)

This statement must be filled out by every Executive Board Member, Committee Member, and other Board-designated Council or Committee Chairs and Members, and all RMDS staff members. This Disclosure Statement shall be submitted and updated annually. Providing the information requested herein is prerequisite to participation by Executive Board Members, Committee Members, other Board-designated Council or Committee Chairs and Members, and all RMDS staff members. Refusal to provide the requested information or providing incomplete or inaccurate information may result in disciplinary actions.

1. If you or any member of your immediate family are an officer, partner, director, trustee, owner or employee of any person or any entity which does business with RMDS, please list the name and address of the entity(ies), the nature of your relationship with said person or entity(ies) and describe the dealings. If none, please state "none."

2. If you or any member of your immediate family holds an ownership interest in a closely-held company or other business entity, or at least a 5% ownership interest in any public company which does business with

RMDS, please list the name and address of the entity (ies), the nature of your relationship with said person or entity (ies) and describe the dealings. If none, please state "none."

3. If you have any reason to believe that any of the persons or entities with which you or immediate members of your family are affiliated may have business dealings with RMDS in the future, please list those entities and the nature of such dealings. If none, please state "none."

4. Are you an employee or employer of another RMDS Executive Board member, Committee member, or employee, or do you have any other business dealings or financial dealings with another RMDS Executive Board member, Committee member, or employee, or any company or concern that an Executive Board member, Committee member, or employee is involved in?

___ Yes ___ No

If you have answered yes to the above, please provide the details as follows:

If you or any member of your immediate family are an officer, partner, trustee, owner or part or full-time employee (contractual or otherwise) of an Executive Board member, Committee member, or employee of RMDS or the entity, owned or in which said Executive Board member, Committee member, or employee has at least a 5% ownership interest, please list the name of the Executive Board member, Committee member, or employee, the nature of your relationship with said Executive Board member(s), Committee member(s), or employee(s) and describe the dealings. If none, please state "none."

5. If there is any relationship or matter not disclosed above which might be perceived to compromise your obligations to RMDS under its Conflict of Interest Policy, or which may raise questions of a conflict between your duty and loyalty to RMDS, your loyalty to any other entity and/or your economic self-interest, please indicate here what that relationship or matter is. If none, please state "none."

DATE: _____

NAME (SIGNATURE)

Note: By typing in your name/signature, you are deemed to have read and provided true and correct information. Once your signature is placed in this document, the document becomes a legally binding contract

REVISED 1-14-2012