Bruin Country Woodturners, Inc.

Conflict of Interest Disclosure Form

Date:	
Name:	
Position (employee/volu	nteer/trustee):
or otherwise), or circum	y relationships, transactions, positions you hold (voluntee stances that you believe could contribute to a conflict of ountry Woodturners, Inc. and your personal interests,
nonprofit and for-profit businesses for which you	ng conflict of interest to report (please specify other coards you (and your spouse) sit on, any for-profit or an immediate family member are an officer or director, and the name of your employer and any businesses you
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I hereby certify that the	nformation set forth above is true and complete to the best reviewed, and agree to abide by, the Policy of Conflict of
Signature:	Date: