



***Gold Star Wives of America, Inc.***

Judi Van Cleave, National Secretary 2005 SE 51<sup>st</sup> Avenue Portland, OR 97215

**Basic Conflict of Interest Disclosure Form 2021 – 2022**  
***PLEASE USE A SEPARATE FORM FOR EACH OFFICE HELD***

**Your Name:** \_\_\_\_\_

**Name of Chapter** and the office you hold: \_\_\_\_\_

**Name of Region** and the office you hold: \_\_\_\_\_

**National Office:** \_\_\_\_\_

**National Board of Directors** position you hold: \_\_\_\_\_

Please identify and describe below, to the best of your knowledge, any entity of which you are an officer, director, trustee, member, owner (either as a sole proprietor or a partner), or contractor with which Gold Star Wives of America has a relationship, and any transaction in which Gold Star Wives of America is a participant and in which you might have a conflicting interest, and any other relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Gold Star Wives of America and your personal interests, financial or otherwise:

\_\_\_\_\_ I have no conflict of interest to report

\_\_\_\_\_ I have the following conflict( s) of interest to report:

\_\_\_\_\_

Please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own:

1. \_\_\_\_\_

2. \_\_\_\_\_

Please identify, to the best of your knowledge, any and all transactions and relationships between Gold Star Wives of America and a Family Member of yours, and any other circumstance that constitutes or could reasonably be considered to constitute a conflict of interest between Gold Star Wives of America and a Family Member of yours.

\_\_\_\_\_

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by the Conflict of Interest of Gold Star Wives of America.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chapter office holders** send the signed form to their **CHAPTER PRESIDENT**

**Region office holders** send the signed form to their **REGION PRESIDENT**

**Board members** send to the **Board Chair**

**National Officers** send to the **National President**

***Forms are then to be forwarded in a group to the National Secretary – do not send individually***