

Metroplex BMX Group

Acknowledgment of Conflict of Interest Policy

This form must be completed and signed annually by each Director, principal officer, and any member of a committee with Board-delegated powers, as required by **Section 9.6** of the Metroplex BMX Group Bylaws.

Acknowledgment

By signing this form, I affirm that:

1. **Receipt of Policy:** I have received a copy of the Metroplex BMX Group's Conflict of Interest Policy as outlined in Section 9.3 of the bylaws.
2. **Understanding:** I have read and understand the Conflict of Interest Policy.
3. **Compliance:** I agree to comply with the Conflict of Interest Policy as it applies to my role and responsibilities within the organization.
4. **Charitable Purpose:** I understand that Metroplex BMX Group is a charitable organization, and to maintain its federal tax-exempt status, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.
5. **Consequences of Violations:** I understand that any violation of the Conflict of Interest Policy, as outlined in Section 9.4 of the bylaws, may result in corrective action as determined by the Board of Directors.

I further acknowledge that I will disclose any potential conflicts of interest as outlined in **Section 9.3** of the bylaws and will recuse myself from decisions where such a conflict exists, as required by the policy.

Signature and Information

Name (Print): _____

Position/Title: _____

Signature: _____

Date: _____