



## **Conflict of Interest Declaration Form**

### **Purpose:**

This form is to be completed by all individuals serving the Alberta Basketball Association (ABA)—including directors, officers, committee members, staff, and key volunteers—to disclose any actual, potential, or perceived conflicts of interest. It ensures transparency, accountability, and adherence to the ABA's Conflict of Interest Policy.

### **Section 1: Personal Information**

Name:	
Position / Role with ABA:	
Date:	
Email / Contact Number:	

### **Section 2: Disclosure of Interests**

Please check all that apply and provide details as needed.

☐ A. Personal or Family Interests

I, or an immediate family member, hold a position (officer, director, owner, partner, or employee) in any organization that may have dealings with, or interests in, the ABA.

If yes, specify:

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☐ B. Financial Interests

I, or a related party, have financial interests (contracts, shareholdings, partnerships, etc.) that could present a conflict with my duties to the ABA.

If yes, specify:

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☐ C. Other Relationships or Commitments

I have personal relationships, memberships, or affiliations that could influence, or appear to influence, my judgment or objectivity in carrying out my ABA role.

If yes, specify:

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☐ D. Gifts, Benefits, or Hospitality

I have accepted or been offered gifts, benefits, or hospitality from persons or organizations doing business (or seeking to do business) with ABA.

If yes, specify:

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**Section 3: Declaration and Acknowledgement**

I declare that the information provided above is true and complete to the best of my knowledge. I acknowledge that:

- I have read and understand the ABA Conflict of Interest Policy.
- I agree to comply fully with the policy and the Alberta Societies Act.
- I will update this declaration annually or whenever a new potential conflict arises.
- I will disclose new conflicts promptly to the Board or Conflict Oversight Officer.
- I will abstain from discussions or votes on any matter in which I have a conflict unless authorized otherwise.
- I understand that failure to disclose or comply may result in disciplinary action under ABA bylaws and policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 4: For ABA Use Only**

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Reviewed by (Board / Officer): \_\_\_\_\_

☐ No conflict identified

☐ Conflict identified and managed as follows:

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Follow-up / Notes:

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Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_