



# **CONFLICT OF INTEREST DECLARATION AND AGREEMENT**

For the purpose of protecting the mission and reputation of the SCMA as well your own reputation and position as a SCMA Board member or Staff member, please complete and sign the declaration below disclosing any real, potential or perceived Conflicts of Interest, and acknowledging your understanding of and commitment to abide by the content and intent of the SCMA Conflict of Interest Policy.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
SCMA Title or Role: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Declaration (check one)  First Declaration  
 Annual Renewal With No Changes  
 Annual Renewal With Changes  
 Ad Hoc Declaration (Add new/previously undeclared conflicts)

I understand and agree to the following:

- I have received a copy of the SCMA Conflict of Interest Policy, have read and understand the policy and agree to be bound by the obligations contained therein, and commit to avoiding any real or perceived Conflict of Interest.
- I have fully disclosed all conflicts and I commit to disclosing the existence of any real, potential or perceived Conflict of Interest to the Board, as soon as it is known to me.
- Other than noted below, I am not engaged in any activity and have no interest that is or could be perceived as a Conflict of Interest.
- If at any time following the submission of this declaration I become aware of any real, potential or perceived Conflict of Interest, or if the information provided above becomes inaccurate or incomplete, I will promptly notify the President or another Officer of the SCMA Board in writing and/or submit a new declaration.
- To the best of my knowledge, my responses on this declaration are accurate, true and complete.

**Declaration of interests, both financial and non-financial in nature, which may represent real, potential or perceived Conflicts of Interest:**

1. Musical Performances: Do you or a closely associated person receive or intend to receive any musical performance-related benefits or compensation directly or indirectly from the SCMA?

Yes (describe below)       No

Name of Person	Their Relationship to You	Their Relationship to SCMA

2. Employment and/or Provider of Personal Services: Do you or a closely associated person receive or intend to receive any employment wages or personal services compensation or benefits directly or indirectly from the SCMA, excluding musical performance compensation and benefits?

Yes (describe below)       No

Name of Person	Their Relationship to You	Their Relationship to SCMA

3. Relations with Suppliers: Do you have a personal interest or serve as a board member, employee, or consultant for any other entity (profit and/or non-profit) that could be regarded as a conflict of interest with the SCMA, including entities that supply services to the SCMA?

Yes (describe below)       No

Name of Entity	Your Position at the Entity	Nature of Services Supplied

4. Relations with Competitors: Do you have a personal interest or serve as a board member, employee, or consultant for any other entity (profit and/or non-profit) that could be regarded as a conflict of interest with the SCMA, including entities that compete with the SCMA?

Yes (describe below)       No

Name of Entity	Your Position at the Entity	What Services Compete?

