



Annual Disclosure of Associations

I, _____, hereby acknowledge my association with the following organizations that may affect my participation in certain Florida Developmental Disabilities Council, Inc. activities:

Name of Organization

Any office or position held

I further acknowledge the following list of relatives and other individuals with whom I am associated who could potentially benefit from activities or decisions of the Council.

Name of Person

Relationship

I understand that completion of this form does not allay my responsibilities to disclose, in a timely manner, any potential conflicts of interest or relationships that may give rise to a conflict of interest as set forth in the By Laws of the Council.

Signature of Member

Date

Printed Name