



**NACPM STATE CHAPTER
POLICY ACKNOWLEDGEMENT FORM**

I have read the NACPM State Chapter Leadership Ethical Guidelines and Governance Policies and agree to comply with the terms and conditions at all times during my service in the leadership of this organization. If at any time following the submission of this form I become aware of any actual or potential non-compliance to these policies, I will promptly notify the officers of NACPM. Please initial.

1. _____ NACPM State Chapter Leadership Ethical Conduct
2. _____ NACPM State Chapter Conflict of Interest Policy
3. _____ NACPM State Chapter Records Retention Policy
4. _____ NACPM State Chapter Whistleblower Policy
5. _____ I have ensured that my NACPM membership is current

Printed Name

Signature

Title, Office or Position

Date