

**Illinois Council of Professors of Educational Administration
(ICPEA)**

CONFLICT OF INTEREST STATEMENT

This statement should be completed following an individual Officer's or Director's reading of the ICPEA By-Laws, Articles I through XII.

Name (print) _____

Home Address _____

City, State, Zip _____

Phone _____

Fax _____

E-mail _____

List the business and professional activities in which you or an immediate family member hold as owner, officer, board member, partner, employee or other beneficiary position.

Name of business/professional organization(s)
with which you are associated:

Position held/by whom:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have received, read, and understand the provisions of the ICPEA By-Laws, Articles I through XII. I hereby affirm that I will adhere to its tenets in my term as Officer or Director.

Signature

Date