Financial Disclosure Form: [SDO NAME] Members

Name:
Address:
Email:
Phone Number:
Office:
Mobile:
Employer:
Title:
Standard(s) Applied to Participate in:
Proposed Participation Category* (Producer, User, General Interest):
* Although all are encouraged to fill out this form completely, only those applicants stating an intent to be in the "User" or "General Interest" categories need to provide full information. Applicants who do not complete the financial disclosure form will be presumptively classified as "Producer." If you are an applicant NOT completing the financial disclosure form, please initial here to indicate your understanding that you will be placed in the "Producer category.
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1. AFFILIATIONS.

A. Report all business relationships, by date, (as an employee, owner, officer, director, consultant, etc.) that are related or could reasonably be seen as related to the subject of the standard(s) associated with this application. (NB: Business relationships that ended more than five years ago should be listed, but will not generally disqualify an applicant from participating in the "User" or "General Interest" categories.)

B. Report all memberships or volunteer non-business relationships (e.g., professional organizations, trade associations, public interest or civic groups, etc.) within the last five years that are related or could reasonably be seen as relevant to the subject of the standard(s) associated with this application.

2. FINANCIAL RELATIONSHIPS

A. Disclose any direct or indirect¹ sources of funding for your time and/or expenses to participate in project committee activities, as well as the sources of your income which are related to the subject matter of the standard(s). (It is not necessary to disclose the amounts of such funding.) If you currently pay for your own expenses, please enter "self-funded" or "none".

¹ Examples of indirect funding would include funding as a subcontractor or any compensation paid to you by an intermediary with a direct interest in the standard under consideration.

By signing below, you, the applicant (print name)	certify that the above
information is true and accurate as of (date)	You further certify your
understanding that a relevant change in the circu	mstances disclosed above requires that you notify the
voluntary standard(s) committees within XXX days	s of such change. Such changes in circumstance may
result in re-classification.	
Signature:	

Note: Copies of this completed form are not distributed beyond [ANSI staff] and relevant members of the voluntary standard(s) committee without the written consent of the applicant.