

CONFIDENTIALITY STATEMENT

I, the undersigned, being a member of an official committee of the American Podiatric Medical Association, Inc. (APMA) hereby certify as follows:

I understand that in the course of my duties as a member of such Committee, I will have access to confidential information about APMA's operations. I agree that during and after my service on such Committee, I will not disclose any such information to any person or entity, other than the officers, trustees, and employees of APMA, except as APMA specifically authorizes or directs me in writing. I will observe any requirements and procedures that APMA may require for the protection of the confidentiality of such information. I understand that any question as to what information is confidential will be referred to, and resolved by, the President of the Association in consultation with the Executive Director.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Committee(s): \_\_\_\_\_

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