



**FORMS**  
**Appendix 1-2.6**

**Release Date: March 9 2018**  
Effective Date: March 10 2018  
Revised Date: TBD

**DECLARATION OF INTEREST**

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**CANDIDATE - NAME AS IT SHOULD ON BALLOT.**

SURNAME		GIVEN NAME(S)			
DATE OF BIRTH (DD/MM/YYYY)	OCCUPATION	RO NUMBER			
PERMANENT RESIDENTIAL ADDRESS					
No.	Street	Appt.	City	Province	Postal Code
E-MAIL ADDRESS		TELEPHONE NUMBER		MOBILE NUMBER	

I hereby declare that:

- I have no pecuniary or other personal interest, direct or indirect, in any matter that raises or may raise a conflict with my duties as a member of the governing structure of the Alberta Paramedic Association.
- I have pecuniary or other personal interest, direct or indirect, in certain matter that raises or may raise a conflict with my duties as a member of the governing structure of the Alberta Paramedic Association. The particulars of such matter are stated below:

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I also acknowledge that I shall make another declaration to state any change in any matter contained in this declaration within one month after the change occurs and shall provide further information on the particulars contained in this declaration if so required by the Alberta Paramedic Association.

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

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

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