



CONFIDENTIALITY POLICY & AGREEMENT FORM

_____ (Name of Association)

Confidentiality

As a member of the _____
Board of Directors (the "Board"), I recognize that I owe a fiduciary duty of care to this association. This includes a duty of confidentiality. All information and documentation that I receive from the association and others in connection with my service on the Board will be treated with strict confidentiality. This includes information in all forms, oral, written, or electronic including all information contained or stored in computers and electronic storage media. Neither the contents nor the existence of this information or documentation will be shared with anyone other than the officers, directors, employees, and attorneys of the association, as directed by the Board. I will direct any questions regarding my confidentiality obligations to the association President.

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

Signature: _____

Name: _____

Title: _____

Date: _____