



AIA
Bucks County

**AIA BUCKS COUNTY
EXECUTIVE COMMITTEE POLICY ACKNOWLEDGMENT**

I, _____, serving AIA
Bucks County in the capacity of
_____, acknowledge that I have
read, understand and agreement to the terms of the following AIA Bucks
County policy statements:

- Conflict of Interest Policy Statement*
- Records Retention Policy Statement*
- Whistleblower Policy Statement*
- Harassment Policy Statement*

I understand that as a leader of this association I have a responsibility to
uphold the principles and guidelines outlined in these documents.

(signature)

(printed name)

(position)

Dated: _____