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## OATH OF CONFIDENTIALITY

I, \_\_\_\_\_, hereby accept the elected/appointed/contracted position of \_\_\_\_\_ with the Manitoba Association of Health Care Professionals (MAHCP) with full knowledge of the associated responsibilities and duties.

I understand and agree that all items and issues discussed during MAHCP business shall be kept confidential unless otherwise decided by the Executive Council.

I will, at the close of my term, immediately turn over all monies, books, papers and property of the Association into the Association offices.

\_\_\_\_\_ Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY/MM/DD

\_\_\_\_\_ Witness

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YYYY/MM/DD