Confidentiality Agreement

Upon taking OFFICE and/or serving as a COMMITTEE member

Witness Signature:Date:
Vitness by:, (Print Full LEGAL Name) (Member #)
Signature:Date:Date:
 Upon request by the BC Muslim Association, I shall forthwith hand over all documents in my possessio elating to the position occupied at said time. I shall bear any and all costs related to not fulfilling thi equirement.
5. I understand that compliance with the confidentiality requirements of THE BCMA is a required criterio or my term of office and that failure to comply will result in my suspension and or expulsion from THE Boundary Muslim Association.
1. I understand and acknowledge that, as an Official of The BC Muslim Association I am required to honound by those provisions in the same manner, even after I have completed my term of Office.
(c) ensuring that confidential or personal matters concerning salaried employees are not divulged of discussed unnecessarily with other members.
b) ensuring that disclosures of information are made only to persons entitled to that information;
a) never discussing Minutes, Letters or any other matters or any details thereof with anyone other than th Executives or Branch / Chapter officials directly concerned;
3. I understand that this agreement and undertaking includes:
2. I further undertake and agree at all times to treat as confidential all information acquired through my term of office, and not to disclose same except as authorized in the course of my term of office. I acknowledge that such information is not to be altered, copied, interfered with or destroyed, except upon authorization and in accordance with the policy of The B C Muslim Association. I will not discuss such information with any party, nor will I participate in or permit the release, publication or disclosure of such information, nor will copy, distribute, or disseminate such information, except as authorized in the course of my term of office only law.
I. I acknowledge that I have been advised that all information and documents that I may have knowledge or access to through my term of office with The BC Muslim Association are strictly confidential.
Agree that during my term of office in The B C Muslim Association as an Official, I shall adhere strictly tand abide by the following terms and conditions:
(Print Full LEGAL Name) (Member #)