

**COLED**

**Consent Form for Membership**

I, \_\_\_\_\_

- ✓ Hereby authorize the Council of Liberian Experts in the Diaspora, Inc. (COLED) to verify my qualifications for membership.
  
- ✓ Understand that the information provided on my application will be used to determine eligibility for membership and that any false or misleading information may result in the rejection of my application or the revocation of my membership.
  
- ✓ Hereby release and hold harmless COLED, its officers, agents, and members from all claims, damages, or liabilities arising from the verification of my qualifications for membership.
  
- ✓ Understand that the verification process may require the disclosure of my personal information to a third-party verification service, and I agree to such disclosure.

By signing below, I acknowledge that I have read and understand the terms of this consent form and authorize COLED to verify my qualifications for membership.

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

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

## Questionnaire and Attestations for COLED Membership

Please answer the following questions. If you answer “Yes”, please provide an explanation in the area below or attach a separate sheet with details.

**FAILURE TO ANSWER HONESTLY AND COMPLETELY ANY OF THE QUESTIONS BELOW MAY RESULT IN A REJECTION OF YOUR APPLICATION FOR MEMBERSHIP.**

1. Have you EVER been convicted of, had a judgment withheld or deferred, or are you currently charged with committing any felony?

\_\_\_\_\_Yes      \_\_\_\_\_No

Explanation:

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2. Are you currently a party to or have you ever been found liable in any lawsuit, claim, investigation or proceeding alleging corruption, breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty?

\_\_\_\_\_Yes      \_\_\_\_\_No

Explanation:

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3. Has any court, governmental agency, institution, or international organization ever refused, denied, suspended, or revoked your professional license or disciplined you by sanctioning and/or restricting your activities?

\_\_\_\_\_Yes      \_\_\_\_\_No

Explanation:

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4. Have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding?

\_\_\_\_\_Yes      \_\_\_\_\_No

Explanation:

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5. Are there any outstanding judgments, liens, salary garnishments or claims against you?

\_\_\_\_\_Yes      \_\_\_\_\_No

Explanation:

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6. I hereby confirm that I have read the COLED Constitution/Bylaws and promise to abide by its terms and provisions including future amendments that may be adopted by the membership.

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I understand that failure to provide true and complete information in this application may result in the rejection of this request for membership and/or subsequent termination thereof.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_